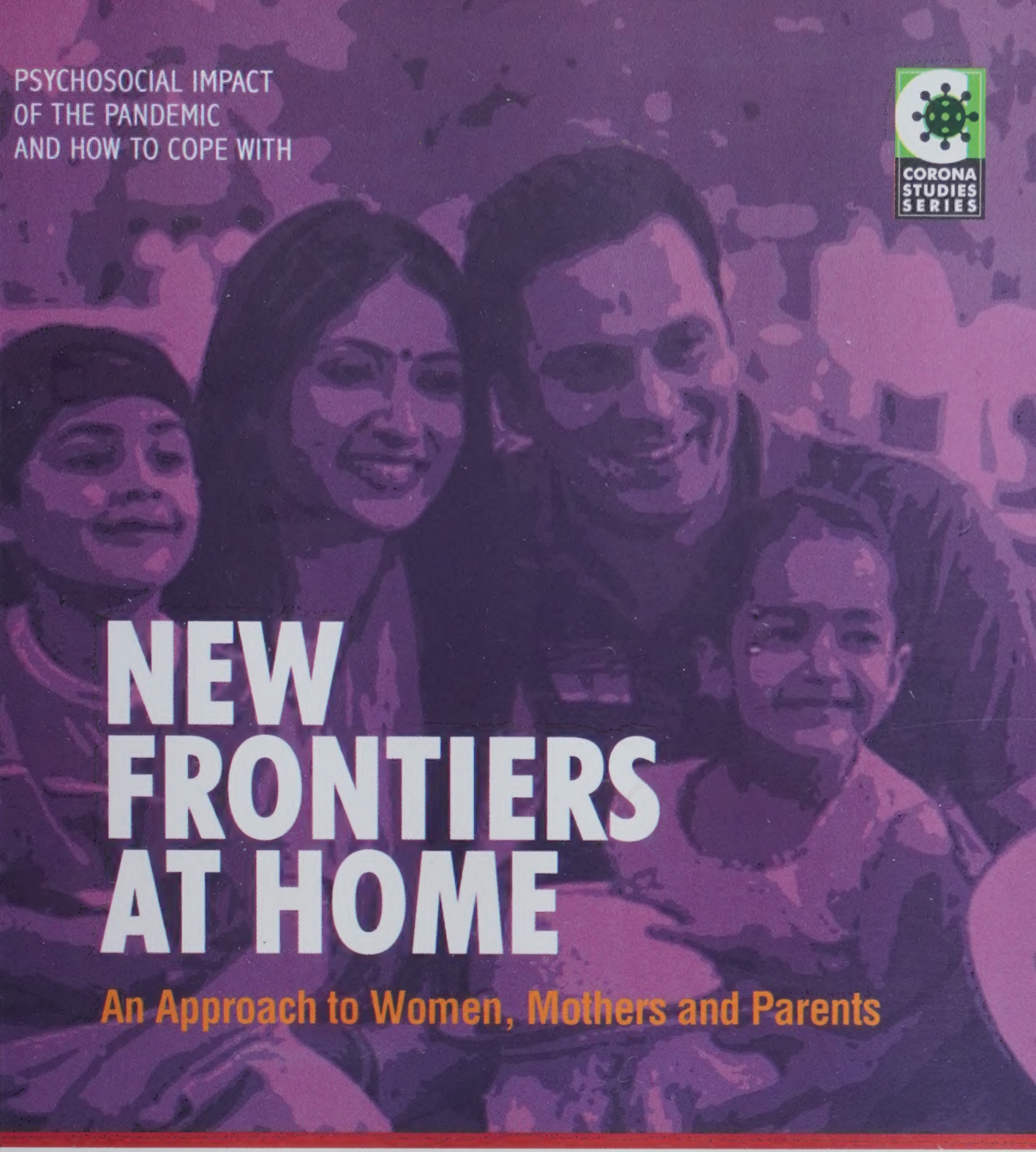
PSYCHOSOCIAL IMPACT
OF THE PANDEMIC
AND HOW TO COPE WITH

CORONA STUDIES SERIES



NEW FRONTIERS AT HOME

An Approach to Women, Mothers and Parents

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Tarun Uppal ◆ Sonie Sidhu

Lt. Col. Tarun Uppal has had an illustrious career of more than 25 years with Indian Army. His educational qualifications include B.Tech (Electronics), M.Tech (Nuclear Technology), Post Graduate Diploma in Business Administration (Human Resource), Masters in Organizational Psychology and M.Phil in Strategic Studies. He holds extensive experience in Technical Asset Management, Operational & Project Management, Human Resource Management, Training & Personnel Development, Quality Assurance and has had research projects with many establishments including Military College of Electronics & Mechanical Engineering and Bhabha Atomic Research Centre. His research work on IR sensors with BARC became the foundation of an ambitious project and his thesis on 'India's approach to TNW' earned multiple accolades. He is also a certified Career Counsellor and a NLP Trainer. In the field of Psychology and training, he has considerable experience in personal counselling, conducting training workshops & motivational talks on emotional management, psychological issues, career planning, soft skills and diversity & inclusion.

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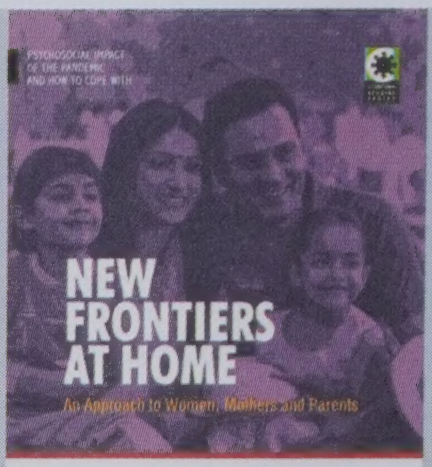

Lead Researchers
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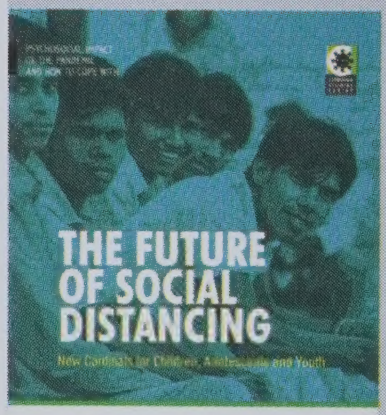

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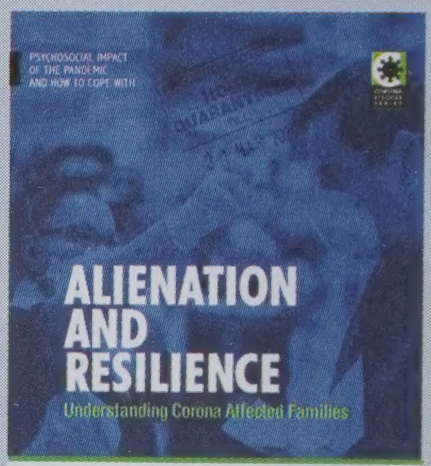

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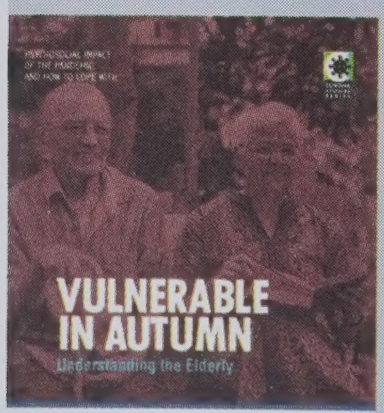

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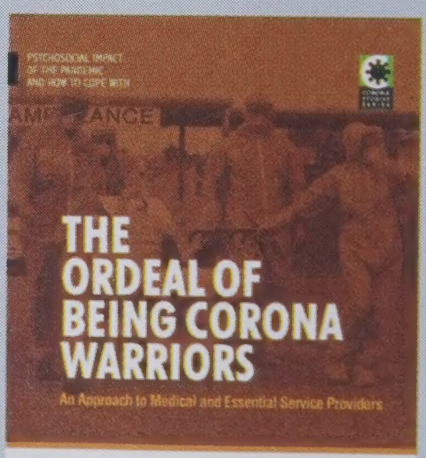

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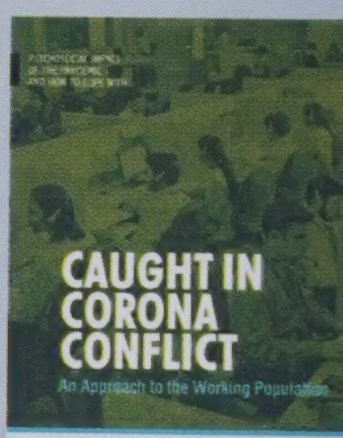

Lead Researchers
Jitendra Nagpal • Tarun Uppal

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BOOKS UNDER THE SUB-SERIES

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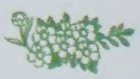
An Introduction to the Study



'The Psychosocial Impact of COVID-19 Pandemic and the National Lockdown in India'

Background

There comes a time in human history which demands and opens up new vistas of intended and unintended lateral thinking, decisions and action plans affecting the humanity as a whole. The global COVID-19[1] disease, which was first identified in Wuhan, China, in December 2019 and has (as of 1 May 2020) seen more than 3.27 million cases reported in 187 countries and territories, resulting in more than 233,000 deaths, is surely one of such defining human crises in contemporary times. The silver lining is that more than 1.02 million people have recovered as

1 On 11 February 2020, WHO announced the name of the disease as COVID-19, which as per www.cdc.gov is an abbreviation for 'Coronavirus Disease of 2019'. 'CO' stands for Corona, 'VI' for Virus, 'D' for Disease, and 19 stands for 2019, the year of its outbreak. Formerly, this disease was being referred to as 2019 novel coronavirus or 2019-nCoV.

well.[2] The disease was declared to be a Public Health Emergency of International Concern on 30 January 2020, and recognised as a Pandemic by the World Health Organization on 11 March 2020.

In India, the first case was reported on 30 January 2020, and till now (1 May 2020), as per the data of the Ministry of Health, Government of India, (https://www.mohfw.gov.in/) 35365 cases have been reported of which 25148 were active, 9064 have been cured/discharged, have seen 1152 deaths, and 1 case has migrated.[3] On 11 March 2020, the Government of India announced that all States and Union Territories should invoke provisions of Section 2 of the Epidemic Diseases Act, 1897. This Act is a law which was first enacted to tackle bubonic plague in Mumbai (formerly Bombay) during British India. The law is meant for containment of epidemics by providing special powers that are required for the implementation of containment measures to control the spread of the disease.

Since Social Distancing (in Hindi being projected as *Do gaz ki doori*)[4] has been identified as the integral aspect of the prevention and a deterrent to the spread of this highly communicable disease, the Government of India went for a national Lockdown on the lines of such lockdowns announced in various parts of the globe

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2 COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University (JHU), https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6

3 For an updated data please refer to the website of the Ministry of Health, Government of India, as referred to above.

4 There is already a debate about the use of the term 'social distancing', and it has been suggested that it should be called physical distancing or safe distancing etc. The present study, while using the term 'social distancing' to make it relatable in the present context, has advocated 'Say Yes to Social Distancing/And Say No to Emotional Distancing' in its on-line survey campaigns conducted by NBT. (Ed.)

by the respective countries battling the scourge of the Pandemic. The National Disaster Management Authority (NDMA), chaired by the **Prime Minister of India, Shri Narendra Modi**, 'in exercise of the powers under section 6 (2) (i) of the Disaster Management Act, 2005, (has) issued an Order dated 24.03.2020, directing the Ministries/Departments of Government of India, and the State/Union Territory Governments and State/Union Territory Authorities to take effective measures to prevent the spread of COVID-19 in the country.'[5]

The same day, a nationwide Lockdown was announced for 21 days by the Prime Minister in a national address, limiting the movement of the entire 1.3 billion population of India as a preventive measure against the 2020 coronavirus pandemic in India. The decision was taken after a 14-hour voluntary public curfew called 'Janata Curfew' on 22 March 2020. This was followed by enforcement of a series of regulations in the country's COVID-19 affected regions.

The Lockdown was placed when the number of confirmed positive coronavirus cases in India was approximately 500. It was extended on 14 April 2020 for another 19 days to end on 3 May 2020, with the guidelines to lift some restrictions from 20th April 2020 on some economic activities in areas not identified as hotspots or as containment zones. It needs to be seen how the future strategies[6] are adopted by the Government and the society at large in the long run to wage this battle against the COVID-19 Pandemic which is likely to be a long drawn one in the absence

5 https://pib.gov.in/newsite/PrintRelease.aspx?relid=200655

6 On 1st May 2020, the Government of India further extended the National Lockdown for two weeks from 4 May to 17 May 2020, with some economic activities and relaxations in areas demarcated as Orange Zones and Green Zones, and very little concessions in areas declared Red Zones. (Ed.)

of a vaccine, efforts to make which are going on in different parts of the world, including India. As per various reports[7], a vaccine is likely to be available on mass scale not before one[8] to two years[9].

The Study

Considered as the 'biggest corona lockdown' by the international media, the move was surely unprecedented in contemporary Indian history. It is a matter of great satisfaction to the members of this Study Group that the likely psychosocial impact of the Lockdown in the backdrop of Pandemic anxiety and the related likely behavioural issues were immediately identified as a crucial area to be looked into by the National Book Trust, India under its Research & Innovation Initiatives enabling the constitution of this Group on 27th March 2020 to prepare suitable reading materials as preventive mental and psychological health handbooks for different segments of the society.

As stated in the press release[10] announcing the constitution of this Study Group on 28th March 2020, this initiative of NBT was undertaken as part of its parent Human Resource Development Ministry's multi-dimensional approach to deal with the COVID-19 Pandemic under the leadership of the **Human Resource Development Minister, Shri Ramesh Pokhriyal 'Nishank'**.

---

7 https://www.google.co.in/amp/s/www.businessinsider.com/coronavirus-vaccine-probably-wont-ready-before-end-2021-roche-2020-4%3famp

8 https://www.bloomberg.com/amp/news/articles/2020-04-11/coronavirus-vaccine-could-be-ready-in-six-months-times

9 https://www.google.co.in/amp/s/www.bbc.com/news/amp/health-51665497

10 https://pib.gov.in/PressReleasePage.aspx?PRID=1609029

The Study works on the basic premise that the Global COVID-19 Pandemic is going to change our lives in many fundamental ways. This has been recognised and expressed by the world leaders and the intellectual class as well during the last one month. Quoting the **Prime Minister of India, Shri Narendra Modi**, in his video conference with the Chief Ministers of different states of India on 8 April 2020, a report stated:

> "Life will not be the same again after COVID-19... there would be 'pre-corona and post-corona' for times to come.... Massive behavioural, social and personal changes will have to take place...We can see that the world has changed so much compared to pre-World War 2 and post-World War 2. Similarly, pre-corona and post-corona is going to change the entire world and we will have to think according to the change."[11]

Another report quoted **Dr Anthony Stephen Fauci**, one of the most respected American physicians and immunologists who is leading the US Government's Coronavirus Task Force, as saying on 7 April 2020:

> 'Normal' life around the world before the coronavirus pandemic struck may never return...gradually countries will again function as a society but...if you want to get to pre-coronavirus, that might not ever happen in the sense that the threat is there.... If 'back to normal' means acting like there never was a coronavirus problem, I don't think that's going to happen until we do have a situation where you can completely

11 https://www.ndtv.com/india-news/coronavirus-pm-narendra-modi-at-all-party-meeting-will-consult-chief-ministers-but-from-all-accounts-2208243

protect the population.... Ultimately, the showstopper will obviously be a vaccine...."[12]

Similarly, on a more optimistic and cautious note, **Dr. Mike Ryan**, executive director of the World Health Organization health emergencies programme, stated on 4 April 2020 about getting from the crisis to the post-crisis. In an article titled, *'Normal' will look completely different when this is all over,* published on CNN website, Ryan talked about "transition strategies" and said

> "each country needs a strong public health architecture, a massive investment in our capacity to do surveillance, contact tracing, isolation and quarantine, and a robust information system so that people know what to do and where to go if they are sick. And if we do that, we have a chance of transitioning back into a life, and economic and social life, that may, in some senses, not be the same again, maybe a more caring, engaged society with a better healthcare system, with better universal access to healthcare, with more social justice, and more care for each other, and that won't be a bad society to go back to."[13]

Highlights

We would first like to recall the statement released by the Study Group on 28 March 2020 alongwith the a press release announcing the constitution of the Group as cited above, which goes something like this:

> "This Study Group is deeply conscious of the challenging task assigned to it in the tough times of COVID-19 Global pandemic crisis. The Group heartily welcomes this visionary

12 https://www.aljazeera.com/news/2020/04/life-normal-coronavirus-scientist-200407101112133.html

13 https://edition.cnn.com/2020/04/04/politics/what-matters-april-3/index.html

initiative of National Book Trust, India. The Group will develop methodologies and practical tips to deal with situations, helped by easy-to-assimilate reading materials on various segments through research, virtual interviews and case studies. This shall help in overall empowerment and awareness to deal with the lockdown and keep the optimum emotional strength and courage."

Accordingly, the approach of the Study has been intensive, rather than extensive, since the Lead Researchers have relied more on their personal interviews and case studies, with the responses to the online questionnaire floated on 2 April 2020[14] acting as leitmotif to provide directions on the Community Perceptions. The particular interviews and case studies of various segments need to be read in detail to make out their full intensity and complexity.

However, it needs to be brought out that the fear of infection is the highest cause of anxiety among various segments of the society, followed by financial, and domestic issues. On the positive side, the break from daily routine and space for quality family time that the Lockdown has offered have come as a major source of joy and happiness for majority of the families. However, the initial shock as well as euphoria generated by the Lockdown would shift to reconciliation with the changed scenario (as expressed by the responses received to the announcement of the first extension of the Lockdown) with some deeper sense of introspection about the turn of events on both personal and social levels.

The apparent ease of work from home, online teaching, greater emphasis on e-learning in schools and higher education, connectivity with colleagues, friends, family, through virtual platforms have brought out fundamental interventions in day-to-day life of the

14 https://pib.gov.in/PressReleaseIframePage.aspx?PRID=1610324

people which would require a longer study. The present ongoing study would hope to tap the same to build upon **this zero-baseline study** so that the way the long term psychosocial impact of the Pandemic play up can be followed up and the necessary coping strategies are formulated accordingly from time to time.

The very idea of the nation of 1.3 billion under home quarantine sounds so daunting that it can impact the best of the strong-willed. However, human beings, by their very nature of adaptability, find ways to cope with the stressing situations, and also help others in the process. Actually, the mental and behavioural concerns are not exclusive to any special group: they are found in people of all age groups, societies, regions, and countries across the world. As **Steven Taylor**, a Professor and Clinical Psychologist in the Department of Psychiatry, University of British Columbia, and the author of *The Psychology of Pandemics*, found in his study on the impact of self-isolation during COVID-19 period in Canada and USA:

> "Still, there is some cause for optimism. The many people who volunteered to help others during the pandemic will experience renewed purpose and meaning in their lives. And those who adjusted better to self-isolation – that is, people who are open to new experiences, optimistic and emotionally stable – are more likely to fare well during and after the pandemic."[15]

In this connection, despite some of the disturbing issues of domestic violence, abuse, stigma associated with the Corona affected families as well as the sense of alienation that was encountered by the corona warriors, the general family value system as prevalent in India seems to have acted as an inbuilt deterrent to fight against

15 https://www.theguardian.com/commentisfree/2020/apr/07/life-never-return-normal-coronavirus-shape-generation

the massive onslaught of an invisible enemy. Thus, the family values and support system that Indian traditions have inculcated in terms of respect for the elders, and love, compassion and co-existence of all in the larger family structure need to be brought to the very foreground of our day-to-day living, since during these difficult times, that may be an important tool to keep the morale of the people at the optimum level as far as possible.

Similarly, it may not be out of context to underline that since there is a lot of stress on handwashing and general hygiene to protect oneself from COVID-19, the widespread emphasis on hygiene in Indian folk customs with their origins in our riverine culture may come handy. In this light, the continuing emphasis on Mahatma Gandhi's dictum of 'cleanliness as next to godliness' through mass-based programmes like 'Swachh Bharat' should be able to strengthen the need and resolve to keep the agenda of personal hygiene and community cleanliness on the high pedestal in the post-Corona times as well.

Further, the physical and mental fitness & harmony that the Indian system of YOGA teaches us needs to be taken more seriously and with a sense of purpose by the society at large as that will keep us in good stead for a long period of time. In fact, in all segments on 'Coping strategies', Yoga has been advised as a natural remedy and therapy to tide over the anxieties as well as for strengthening the immune system.

Coming to the Community Perceptions pertaining to the present Study, the responses as received between 2 April and 7 April 2020 (to gauge the impact of the first two weeks of Lockdown which can be considered the most crucial period of the present complex times) were taken into account for the purpose of making a statistical representation in each segment.

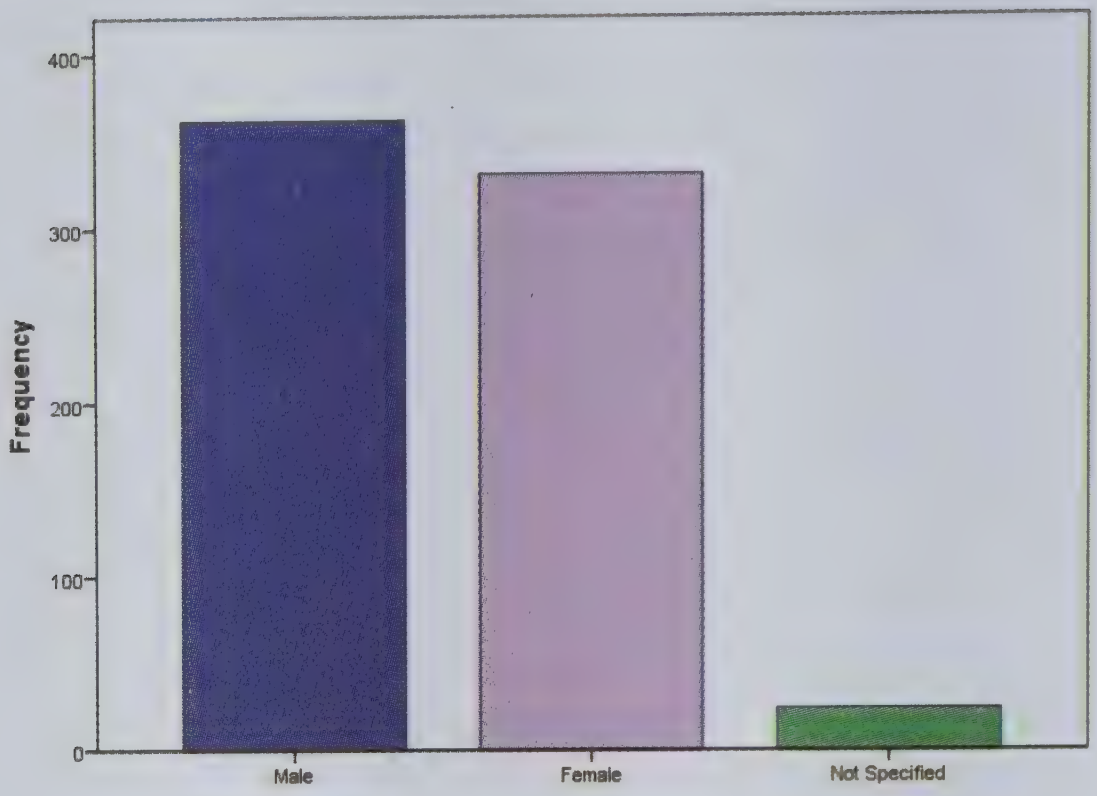


Figure 1: Gender of the participants

Overall, during this period, 725 responses were received across all segments of which 50% respondents were male, and 46% female, and the rest were unspecified. Under the head 'Location during the Lockdown' (which, in some cases, were found different from their usual location due to the Lockdown), the responses were received from 28 states of India, including a few from the members of Indian community settled abroad, for example, in Kuwait, UAE, Malaysia, Singapore, USA, UK etc. and some responses did not specify their location during the Lockdown. The majority of the respondents (41%) came to know about COVID-19 in January 2020, a good proportion (31%) were aware about it since December 2020, whereas 18.5% came to know about the disease in February 2020, and nearly 8% in March 2020. It may be mentioned that many of the respondents generally did not indicate their monthly/ annual income as asked for in the questionnaire.

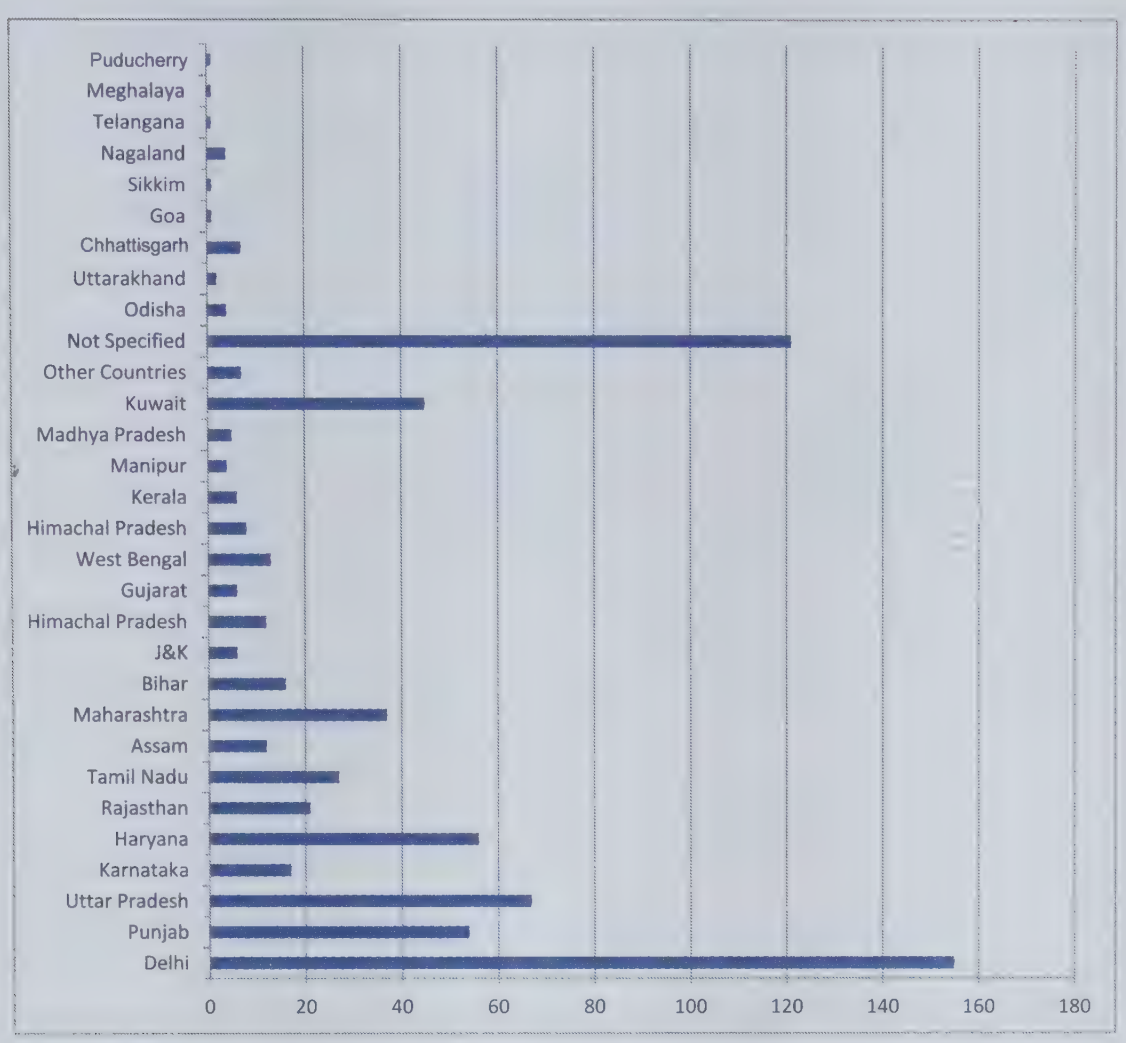


Figure 2: Participants' Geographical Location During Lockdown

The Internet was the major source of information for 41% of the respondents regarding first information received about followed by TV News Channels (26%), Newspapers (16%), Friends/Relatives/Colleagues (9.3%), and Various Sources (5%).

It is also to be noted that while there were higher number of the respondents filling up the questionnaire pertaining to the segments on 'Children, Adolescents, and Youth', 'Women, Mothers & Parents', and 'The Working Population', there were lesser number of respondents for other segments with the least response received for the segment 'Corona Affected Families', underlining the deeply entrenched alienation and stigma attached to the group.

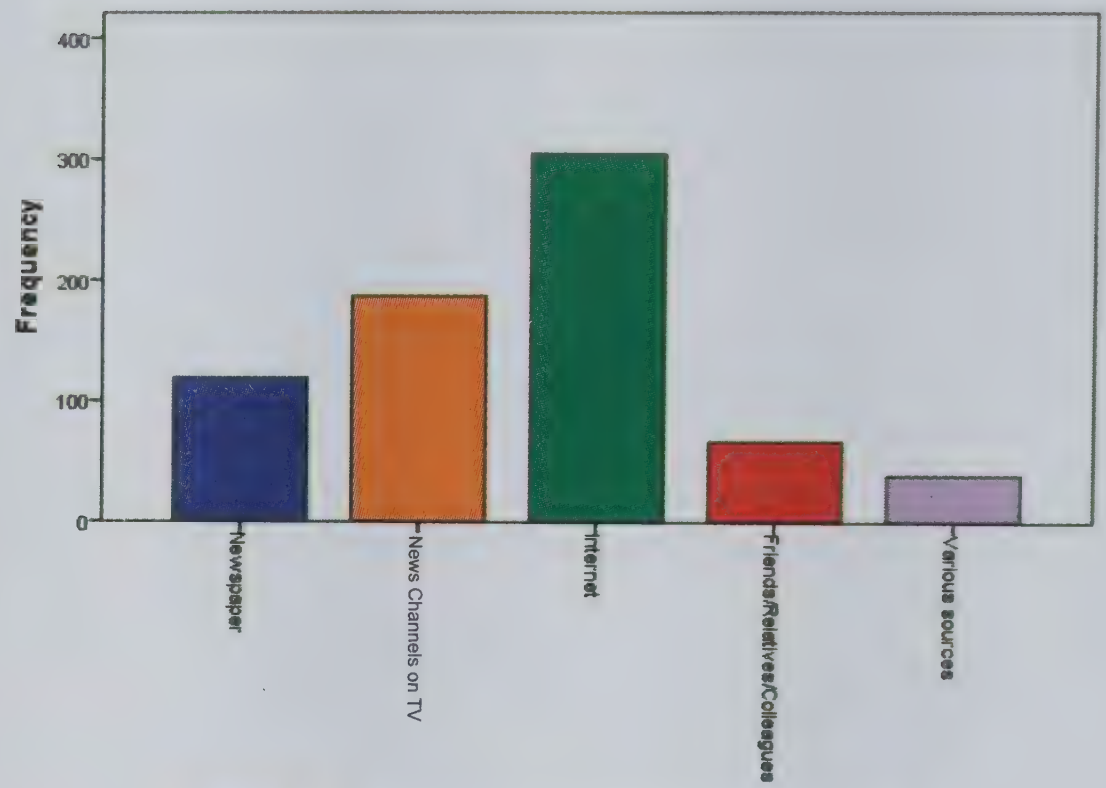


Figure 3: Source of information about COVID-19

Some Suggestions

The Study shows that in the post-corona times, as a nation we will do well to strengthen the **Preventive Mental Health** component of the National Mental Health Programme with emphasis on community-based mental health promotion as an integral part of public health awareness programmes and health promotion policies at local and national levels. **This may be undertaken on the lines of universal immunisation campaigns to train more intensively and prepare community to detect early signs and take steps for prevention of any psychological or emotional problems needing attention for timely care in the post-corona times.** Such a campaign may take into consideration the situational and growing mental health needs of the youth, the working population and other segments.

It is suggested that the awareness and preventive care pertaining to mental health may be integrated within a public policy approach that encompasses horizontal action through different public sectors, such as the environment, housing, social welfare, employment and education. This may generate a "win-win" situations across sectors, including a wide range of health, social and economic benefits, and go a long way in addressing the stigma attached to mental health support and interventions. **To put it simply, the crusade for post-corona times will have to be a multi-dimensional one with emphasis on Physical Fitness and Immunity, Socio-economic adaptations, and mass-based Preventive Mental Health programmes in order to prepare for a resilient and well-adapted society.**

The Study Group, with Dr. Jitendra Nagpal, Lt. Col. Tarun Uppal, Dr. Harsheeta, Sqn Ldr. (Rtd.) Meena Arora, Ms. Rekha Chauhan, Ms. Sonie Sidhu, Ms. Aprajita Dixit as expert members, and Shri Yuvraj Malik, Director, National Book Trust, India, and Shri Kumar Vikram, Senior Editor, National Book Trust, India, as official members, had all their official meetings during the Lockdown period through online medium, maintaining all norms of Social Distancing. The 12 noon and 8 pm WhatsApp Group meetings for many days became the leitmotif to bring up issues for brainstorming and sharing of ideas and notes, taking stock of the progress, and building up of a strong sense of camaraderie, all under extremely tight deadlines.

In this context, the Study Group gratefully underlines the overall guidance received from **Prof Govind Prasad Sharma, Chairman**, National Book Trust, India in the completion of the Study.

The Lead Researchers diligently developed the challenging task assigned to them in the tough times of the ongoing COVID-19

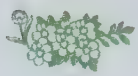
Global pandemic crisis with each member undergoing all the physical and psychological barriers imposed by the Lockdown. By the very nature of the Study, there was no scope for a face-to-face interviews or field visits to make, hence all interviews were done through tele or video calls. The Lead Researchers thereby have studied the Psychosocial Impact of Lockdown while themselves being under Lockdown, which makes the entire study a unique one, and lends a practical and academic credence to the whole exercise. More so, because the entire team of peer-reviewers, statistical analysts, copy-editors, illustrators, artists, proof-readers, production officers, and the personnel related to IT, PR, Sales etc., worked on and contributed to the project under Lockdown, while maintaining the mandated Social Distancing. In this context, one is reminded of the famous literary term of 'negative capability'—*when a man is capable of being in uncertainties, mysteries, doubts*,..—propounded by the great English Romantic poet, **John Keats** (1795-1821), to be able to achieve creative heights, a phrase which may have greater symbolic value in the present times of Corona Pandemic.

The Lead Researchers have developed and carved practical tips to deal with situations in the form of easy-to-assimilate reading materials on various segments through virtual interviews and case studies. It is hoped that this shall help in overall awareness, responsibility and empowerment towards dealing with the Pandemic, the precautionary Lockdown, and their impact on our society.

NBT STUDY GROUP
'Psychosocial Impact of the
Pandemic and How to Cope With'
CORONA STUDIES SERIES

1 May 2020
New Delhi

Preface



Today the world is witnessing an unprecedented situation created by the COVID-19 pandemic. Citizens across the world are united in this hour for battling with a common enemy, which is invisible yet potent, and is threatening the physical and mental health of everyone. During this time, enormous efforts are being made by all sectors, be it government agencies, healthcare professionals, civil administration and the like.

In order to contribute positively and effectively, National Book Trust, India, initiated a noble cause to assess the psychosocial impact of the pandemic and the Lockdown on various segments of the society. The aim was to understand how the pandemic has affected the lives of people, and using those inputs, also to provide authentic information and guidelines on 'How to Cope' with the psychosocial challenges.

This book is dedicated to Women, Mothers and Parents. It provides authentic information on COVID-19, its spread, precautions, associated myths and facts in the first section. The subsequent sections provide insights drawn from the survey conducted by the researchers to understand the impact of the

pandemic on this subset of population followed by the methods of dealing with the challenges. The guidelines are simple steps that have theoretical, psychological as well as practical rationale. The peculiar restrictions and issues being faced during the Lockdown period, quarantine and isolation have also been discussed.

This book is written in an easy and comprehensible language, with colourful illustrations to enhance certain important aspects.

We are sure that this endeavour will provide the much needed knowledge and assistance to the readers in coping with the pandemic.

Tarun Uppal
Sonie Sidhu

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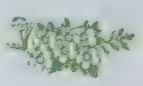
Tarun Uppal
Sonie Sidhu

Chapter 1



BASICS OF COVID-19

What is COVID-19?

COVID-19 is an abbreviation of 'Coronavirus Disease 2019'. It is a viral respiratory illness caused by a novel coronavirus named as 'SARS-CoV-2' that has not been found in human beings before. It was first identified in Wuhan, Hubei Province, China in December 2019. Since this is a new virus, there are still things we do not know, such as how severe the illness can be, how well it is transmitted among human beings, and other features of the virus.

Symptoms of COVID-19

Patients with confirmed COVID-19 show mild to severe respiratory illness with symptoms of:

- fever
- cough
- shortness of breath

Some patients have had other symptoms including muscle aches, headache, sore throat, or diarrhoea. These symptoms may appear 2-14 days after exposure to the virus.

What if I develop symptoms?

If you have travelled to any COVID-19 affected country or city, or came into contact with someone known to have COVID-19 and/or develop symptoms such as fever, cough, and difficulty breathing and shortness of breath, take the following actions:

- Seek medical advice right away. If you can, please call your doctor or emergency room before seeking care and tell them about your travel or close contacts, and your symptoms.
- Avoid contact with others. Resort to self-quarantine till medical care is received.
- Avoid travel while sick.
- If you have symptoms of a respiratory disease (these include fever, coughing, muscle aches, sore throat, and headache), you should stay home for at least 7 days, and for 3 days with no fever and improvement of respiratory symptoms—whichever is longer. (Your fever should be gone for 3 days without using fever-reducing medicine.)

What is the risk if infected?

- Many cases have mild or moderate illness and may not require a visit to the doctor and most do not require hospitalisation.
- Those at highest risk for severe illness include older people or those that have certain underlying health conditions. These include high risk conditions such as a blood disorder, chronic kidney disease, chronic liver disease, compromised immune system, late term or recent pregnancy, endocrine disorders, metabolic disorders, heart disease, lung disease, neurological conditions.
- It is best to check with a healthcare provider to see if you are considered high risk.

The Pandemic - How it spreads

- The virus is thought to spread mainly from person-to-person through respiratory droplets produced when an infected person coughs or sneezes.
  - It spreads between people who are in close contact with one another (within about 6 feet).
  - These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
- It is also possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes. Washing your hands and cleaning frequently touched surfaces often is a good way to prevent you from getting COVID-19 from touching surfaces.

The virus spreads most easily when a person has symptoms and is coughing or sneezing. Some spread might be possible even before people show symptoms (when they are asymptomatic).

Methods of Prevention/Protection & How they work

Avoid touching eyes, nose and mouth with unwashed/ unsanitised hands/objects: Hands can pick up viruses as they come in contact with many surfaces. It can then transfer the virus to your eyes, nose or mouth. From there, the virus can enter your body and can make you sick.

Washing with soap: Viruses such as coronavirus have their genetic material encased in a layer of fat called the lipid envelope. Since the chemical bonds holding the virus together are not very strong, the soap molecules are able to break the lipid envelope of the virus, thus disintegrating the virus RNA into its components which are then removed by water.

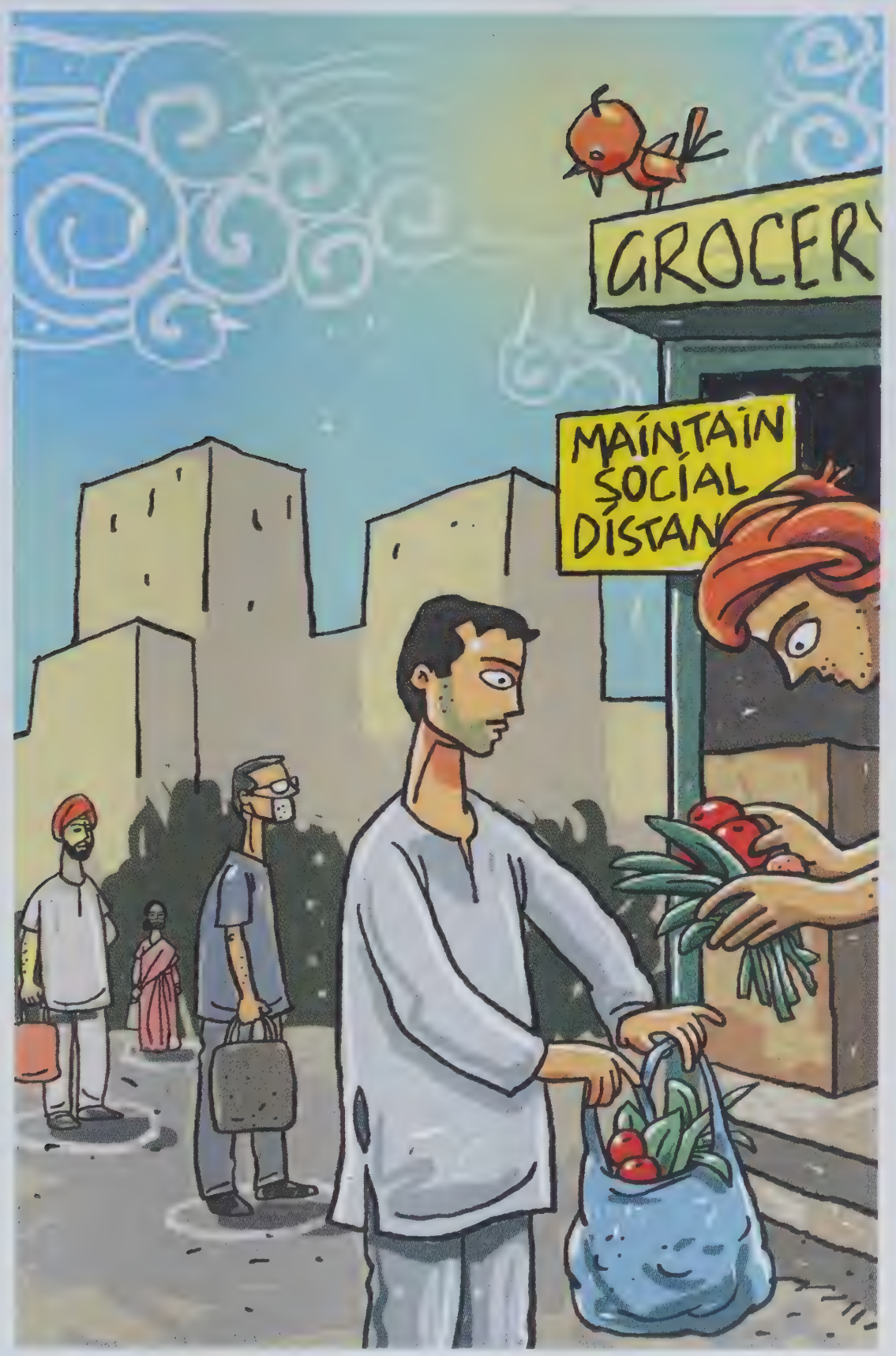
Alcohol-based hand sanitisers: Like soap, the alcohol present in hand sanitisers dissolve the lipid envelope, thus inactivating the virus. In addition, the alcohol also tends to change the shape of the mushroom-shaped protein structures that stick out of the lipid envelope. The mushroom-shaped protein structures help the virus bind itself to special structures found on human cells and enter the cells. To be effective, the sanitisers should contain at least 60% alcohol.

Unlike soap lather, the alcohol does not come in contact with all parts of the hand. So care needs to be taken to use sufficient sanitiser to increase the coverage. Unlike water, alcohol run does not remove the dead viruses from the hand. While a sanitiser can quickly reduce the number of microbes, it does not get rid of all types of germs, and is "not as effective when hands are visibly dirty or greasy".

Practise respiratory hygiene: Cover your mouth and nose with your bent elbow or tissue when you cough or sneeze. Then dispose of the used tissue immediately.

Using a mask: An article published in the *Journal of the American Medical Association* (JAMA) states that there is no evidence to suggest that masks worn by healthy individuals can help prevent infection. However, another study says: "Mask wearing was associated with reduced secondary transmission and should be encouraged during outbreak situations."

Transmission through droplets from coughing and sneezing is one of the major routes of virus spread. Hence, if worn properly, masks may be effective in preventing transmission of coronavirus. Even the World Health Organization (WHO) says wearing a medical mask is "one of the prevention measures to limit spread of



Maintain social distancing norms at public places.

certain respiratory diseases, including novel coronavirus (SARS-CoV-2), in affected areas".

Social distancing: The WHO says that one should maintain at least 1 metre (3 feet) distance between oneself and anyone who is coughing or sneezing. This is because when someone coughs or sneezes they may spray small liquid droplets from their nose or mouth which may contain virus. If one is too close, one can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease.

How Can I Protect Myself and My Family?

- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitiser only if soap and water are not available.
- Avoid touching your eyes, nose, and mouth as much as possible.
- Cover your mouth and nose with a tissue or sleeve (not hands) when coughing or sneezing.
- Clean and disinfect frequently touched objects and surfaces.
- Stay home when you are sick.
- Avoid contact with sick people as much as possible.
- Avoid non-essential travel.
- The Centers for Disease Control and Prevention (CDC), the US agency charged with tracking and investigating public health trends, does not recommend that people who are well need to wear a facemask to protect themselves from respiratory diseases, including COVID-19. Facemasks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others. The use of facemasks is also crucial for health workers and people

who are taking care of someone in close settings (at home or in a healthcare facility). However, face masks may be used as a preventive measure while visiting crowded public places.

Some Facts

According to a recent study published in the *New England Journal of Medicine*, SARS-CoV-2, the virus that causes COVID-19, can live in the air and on surfaces between several hours and several days. The study found that the virus is viable for up to:

- 72 hours on plastics
- 48 hours on stainless steel
- 24 hours on cardboard
- 4 hours on copper
- 3 hours in the air

The fact that virus can last on plastic for 72 hours sounds really scary. However, what's more important to understand is the amount of the virus that remains. It is less than 0.1% of the starting virus material. Infection is theoretically possible but unlikely at the levels remaining after a few days. The safe way is to periodically wipe the surfaces with soap solution/alcohol based sanitising solution.

While the *New England Journal of Medicine* study found that the COVID-19 virus can be detected in the air for 3 hours; however, respiratory droplets sink to the ground faster than the aerosols produced in this study. This means that the risk of catching the viral infection from air is minimal unless someone infected sneezes or coughs within 6 feet of your face and/or you happen to inhale the air containing the emitted respiratory droplets within a few minutes.

How does the virus that causes COVID-19 compare with other coronaviruses, and why are we seeing so many more cases?

The *New England Journal of Medicine* study suggests that the stability of SARS-CoV-2 is very similar to that of SARS-CoV-1, the virus that caused the 2002-2003 SARS global outbreak. In addition, researchers believe people can carry high viral loads of the SARS-CoV-2 in the upper respiratory tract without recognizing any symptoms, allowing them to shed and transmit the virus while asymptomatic. This long gestation period is what has facilitated it to turn into a pandemic. This explains the need for self- quarantine for 2 weeks in case of any contact with/visit to infected persons/places.

Some Myths

"With COVID-19, because of the growth of social media platforms in recent years, information is spreading faster than the virus itself," WHO social media manager, Aleksandra Kuzmanovic told CNN. The WHO calls it *'**infodemic** - an overabundance of information'* – some accurate and some not – that makes it hard for people to find trustworthy sources and reliable guidance when they need it. Some Myths prevailing in general about the pandemic have been listed out below with explanations to help disseminate correct information.

THERE IS NO EVIDENCE TO SUGGEST THAT THE NEW CORONA VIRUS COULD BE TRANSMITTED BY MOSQUITO BITES!!

General Myths and Facts

Myth 1: ***COVID-19 virus cannot be transmitted in areas with hot and humid climates. Once the summer season arrives and the weather warms up, the virus won't survive.***

Fact: From the evidence so far, the COVID-19 virus can be transmitted in ALL AREAS, including areas with hot and humid weather. There is no evidence that the weather or indoor temperature affect the survival of the COVID-19 virus on surfaces. Hence, regardless of climate or ambient temperature, everyone should adopt protective measures if one lives in, or travels to an area reporting COVID-19.

Myth 2: ***The new coronavirus can be transmitted through mosquito bites.***

Fact: To date there has been no information nor evidence to suggest that the new coronavirus could be transmitted by mosquitoes. The new coronavirus is a respiratory virus which spreads primarily through droplets generated when an infected person coughs or sneezes, or through droplets of saliva or discharge from the nose.

Myth 3: ***Eating garlic helps prevent infection with the new coronavirus.***

Fact: Garlic is a healthy food that may have some antimicrobial properties. However, there is no evidence from the current outbreak that eating garlic has protected people from the new coronavirus.

Myth 4: ***Drinking water every 15 minutes will prevent you from contracting the virus.***

Fact: Trudie Lang, a University of Oxford professor who specialises in global health, told that washing away a respiratory virus is impossible.

Myth 5: ***If you can hold your breath for ten seconds without discomfort, you don't have COVID-19.***

Fact: According to Gavin Macgregor, an infectious disease expert, most young patients with coronavirus will be able to hold their breath for much longer than 10 seconds. At the same time, many elderly people who don't have the virus might not be able to do it. [Many social media posts and forwarded messages attribute this myth to *Stanford University*, but an official from the university has claimed this news is fake and they are not responsible for issuing it.]

Myth 6: ***You can protect yourself from COVID-19 by swallowing or gargling with bleach, taking acetic acid or steroids, or using essential oils, saltwater, ethanol, or other substances.***

Fact: None of these recommendations will protect you from getting COVID-19, and some of these practices may be dangerous, says Lisa Maragakis, MD, MPH, Senior Director of infection prevention at Johns Hopkins University School of Medicine.

Myth 7: ***Children are more vulnerable to COVID-19.***

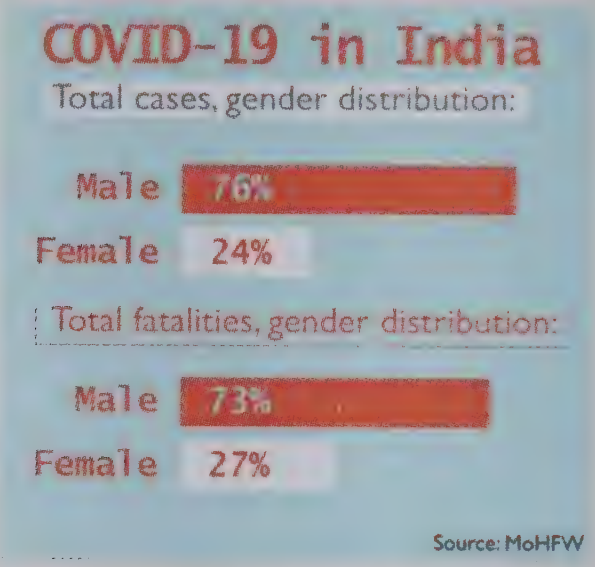
Fact: Early in the outbreak, researchers said the new virus appeared to be sparing children while being particularly severe in the elderly and those with underlying health conditions. However, the World Health Organization said parents need to prepare their kids to guard against COVID-19 after a new study showed that babies and very young children can *sometimes* develop severe symptoms.

Myth 8: ***Sanitary pads can be a cause of COVID-19 infection.***

Fact: There is no evidence or case so far related to coronavirus infection spreading through sanitary pads. As such, used sanitary

pads are never shared by two women; hence even theoretically, there is no chance of coronavirus infection through sanitary pads. However, using unclean pads may lead to fungal infections, reproductive tract infection and urinary tract infection.

Myth 9: ***Women are physically weaker than men, hence more vulnerable to COVID-19.***



Gender-wise COVID-19 Cases Registered in India

Fact: In India, as per the statistics released by the Ministry of Health and Family Welfare (MoHFW), out of total COVID-19 affected cases till April 8, 2020, 76% are men and 24% are women. The gender distribution amongst the fatalities is 73% men and 27% women. This simply indicates that women are much lesser vulnerable to COVID-19 as compared to men.

Chapter 2

THE PSYCHOSOCIAL IMPACT

Women, Mothers and Parents

COVID-19 pandemic has created an unprecedented crisis today. It has brought several challenges for mankind across the globe—a tremendously challenging time for everyone. In addition to the health concerns, uncertainty and fear related to various aspects of the pandemic are complicating the scenario further. So many people are displaced, got stuck far away from their homes due to the Lockdown. Under such condition, it is quite normal for people to be fearful, anxious, stressed and depressed, and the same is evident from the numerous distress calls to government helplines, police, NGOs, medical facilities and even counsellors and psychologists.

Everyone reacts differently to crisis and stressful situations. How a person responds to novel challenging situations depends on his/her background, support system, past experiences of dealing with difficult situations, financial and social status, health status, and so many other intangible factors. Consequently, some people tend to be more vulnerable than others and may experience heightened levels of stress in such situations.

Parents, especially women and mothers in the families are a big segment of society who are dealing with a plethora of ambivalent

RESPONSE TO LOCKDOWN EXTENSION

Rashmi Malhotra, a 39-year-old female, who belongs to an upper middle class family, was contacted to ask about her reaction to the extension of the National Lockdown, that was to end on 14 April 2020, till 3 May 2020. She stated:

As an initial reaction, I wasn't very happy about it. But then this decision didn't come as a surprise, considering the present situation. It is going to be very inconvenient for all; with everyone confined to their houses. However, I understand that it is for the safety of all of us. Last 3 weeks of Lockdown has facilitated to create a harmony within us as individuals and with other family members. So I guess it shouldn't be very difficult to continue with the status quo for another 19 days. It is definitely better than being infected.

mixed emotions and psychological stressors, in addition to the fear of infection to themselves and to the members of their family. Under this segment, special focus goes on women and mothers due to the reasons like multiple roles, lack of support, juggling work from home, home responsibilities, education of children, primary caregiver gender role and vulnerability to domestic abuse. To understand the concerns and challenges faced by women, mothers and parents, an extensive research with primary data has been conducted by a group of psychologists working on ***'The Corona Studies Series'***, initiated by the National Book Trust, India.

COVID-19 pandemic has created a number of problems for all, and certain peculiar problems for specific segments of the society. Women, mothers and parents from different financial, educational, demographic and social segments of the society are facing some peculiar problems in addition to the common problems. While lower strata of the society seem to be struggling

with the basic needs of food, other essentials, safety, and shelter; on the other hand, the upper middle class seems to be mainly concerned about losing out on social life, boredom, loneliness, feeling of loss of control over the situation, uncertainty, etc.

Research Methodology

The research methodologies adopted were as below:

- Telephonic Interviews
- Online Survey Questionnaire (English & Hindi Versions)
- Media/online News reports
- Other research works on related topics

Case Studies

Based on peculiar situations and backgrounds of people, specific cases were picked up as 'Case Studies', to understand their diverse concerns and challenges and methods of coping with the pandemic.

Case Study 1: Single Mother (Middle Class)

Background

Based on an interview with Ritu Chopra (name changed), who is a single mother. Her husband had divorced her about a year back, leaving her to fend for herself and her 3 sons, aged 4, 12 and 15. Over an unstructured telephonic interview, she talked about her understanding of the pandemic, her fears and concerns, as well as her ways of dealing with the situation.

Description of Case

The case is described here in the form of a narrative of a dining table discussion between Ritu and her children.

"Let's all sit at the dining table after lunch for some time and discuss something," Ritu said to her sons.

"What is it about?" the youngest and the most curious member of the family enquired.

"I want all of us to discuss about the present situation and how should we deal with it," Ritu replied enthusiastically this time.

For the next twenty minutes or so, she intended to share some facts collected from the authentic sources about COVID-19 with her sons.

"What situation?" the eldest one asked realising that the matter was serious enough for his involvement.

"We all should know how to deal with any unforeseen situation, God forbid, if I am taken ill." Ritu could sense that her words had the desired impact on her kids. These were tough times and it was imperative that everyone should become responsible enough to take on the charge of another.

Ritu started with narrating the basics about COVID-19. She told them that COVID-19 is a viral infection which spreads mainly from person-to-person through respiratory droplets, produced when an infected person coughs or sneezes. She also told them about the methods of prevention - frequent washing of hands with soap, use of sanitiser, social distancing, use of mask, and also how the government imposed Lockdown can help in reducing the spread. Then she talked about the savings she had. She, then gave numbers of her relatives and friends who could be contacted in case of an emergency, and finally how to look after the need of each one in the family at home.

Ritu felt relieved that her children have understood the situation. They were apparently confident and sure of themselves in dealing

with the difficult times. She could now sleep well at night having been unloaded of the weight of worries she had carried alone all this while. She hugged her family tightly and could feel the warmth that was reciprocal.

Analytical Inferences

The analysis of the telephonic interview in terms of the scope of this research are given below:

(a) **Awareness Level:** The knowledge about COVID-19 is authentic and sufficient. The language and terms used for sharing the information with children is good.

(b) **Fears and Challenges:**

- Fear of catching the infection and resultant isolation from her children; and the possibility of the children having to fend for themselves.
- Loss of income due to the Lockdown; hence, the need to spend her savings judiciously.

(c) **Coping Mechanism:**

- Open communication with her children.
- Advanced planning for extreme eventualities.
- Identifying the people who can support in case of a crisis.
- Strong bonding with each other.

Case Study 2: Homemaker (Upper Middle Class)

Background

Based on a telephonic conversation between Rashmi Malhotra (name changed) and one of the researchers, both being good friends. Rashmi belongs to an upper middle class family. Her husband is holding a senior post in government department. They have 2

children - a son and a daughter aged 14 and 10 respectively. Over the casual telephonic conversation, she poured out her stressors and concerns.

Description of Case

The description is given in the form of an actual telephonic conversation that took place.

"By the end of this Lockdown, I will start hating my family and so will they", Rashmi snapped the moment she picked up my call.

"What happened, you seem to be agitated today." I acknowledged her state of mind.

My concerned tone and words apparently made her feel supported and understood. Her voice sounded a little chocked up with emotions with her next words - "What do I do with these people in this closed flat, who have zero inclination towards cleanliness? No domestic help; two growing up perpetually hungry children; husband, who messes up more things every time he tries to help, having no idea or aptitude in helping with household chores." The sheer helplessness in her voice was evident as she rumbled on, "Earlier, I used to have a few hours of peace with children gone to school and husband to the office; there was a regular domestic help to do the household things; life was relatively easy. Besides, the loss of education due to schools being closed. I am so done with this darn Lockdown."

"I understand Rashmi. I am facing the same problem. The desperate situation created by coronavirus has led to this Lockdown." I replied in an empathic voice, relating to her frustration. "However, at least they are trying to help us. Apparently, they are not able to help in a desirable manner as they aren't used to doing household chores."

"You are probably right. I know that this COVID-19 situation is really bad and this Lockdown is for our own safety

HOMEMAKERS LIKE RASHMI FEEL FRUSTRATED DUE TO LACK OF ANY BREAK IN HOUSEHOLD WORK SINCE BOTH HUSBAND AND KID ARE ALWAYS AT HOME AND NO HELP TO SUPPORT HER.

and prevention against the disease. I am just keeping my fingers crossed that this virus doesn't enter my house." Rashmi visibly calmed down after venting out, "Actually, it's not that bad. My children and husband do try to help me; it's my fault to expect perfection. I have to lower my expectations and learn to check my obsession of cleanliness."

"I think we need to fix compulsory study periods for the children. Also, can't we implement some innovative ways to motivate them for the regular household chores; like having a cleanliness contest or something like that," I suggested.

"That sounds like a cool idea. Let's try it out." There was an excitement in her voice.

Her rational mind was back into action. She disconnected the phone with gratefulness. I too was feeling fresh after this short conversation.

Analytical Inferences

The analysis of the telephonic conversation in terms of the scope of this research are given below:

(a) **Awareness Level:** The knowledge about COVID-19 and the Lockdown seems sufficient.

(b) **Concerns and Challenges:**

- Fear of catching the infection by self and family members.
- Loss of domestic help due to the Lockdown; hence, the extra load of household chores.
- Loss of education due to schools being closed.

(c) **Coping Mechanism:**

- Talking to friends about their own concerns and anxieties.
- Motivating family members including children to help with household chores.

- Setting up of study periods for the children.
- Lowering expectations and not seeking perfection.

Case Study 3: Newly Married Woman (Lower Middle Class)

Background

Based on a structured telephonic interview of Kiran Upreti (name changed). Kiran belongs to a lower middle class family. She is in her early twenties and has been married a few months back. Her husband works as a salesman in a garment showroom with an income of INR 10,000 per month and presently, out of job due to the shop being closed in the present Lockdown situation. They live in a single room apartment and her husband's parents, aged 60 and 53, had come to live with them a few days before the Lockdown, and eventually got stuck with them.

Description of Case

The case is described in the question-answer format used in the interview, which was in Hindi, and has been translated into English. The demographic details (other than actual name) of the respondent and her responses are given below:

1. ***When did you first hear about coronavirus and how did you learn about it?***

   I heard about it in the last week of February 2020 through my neighbour.

2. ***What do you know about coronavirus?***

   I have heard that it is a very dangerous and fatal disease which is highly contagious. If anyone gets it, he/she will die for sure.

3. ***Is someone from your family away?***

   No. Rather my parents-in-law are stuck with us. They had come to visit us and then this Lockdown happened. (There

was annoyance in her tone, though she spoke almost in a whisper.)

4. ***Has this Lockdown affecting any of your plans, or some events, like - wedding/engagement, family holidays, etc.?***

   Not exactly, except my in-laws getting stuck with us. (Again in a whisper.)

5. ***Does your husband cooperate in managing the household in the present situation?***

   She didn't reply for a few moments, then whispered in a choked voice - 'I am stuck badly. I don't know what to do.'

6. ***What happened? You can tell me.***

   He is behaving so strange now-a-days. He is always angry and abuses me in front of his parents. (She continued in whisper.)

7. ***How big is the house you live in? Do you and your husband get privacy?***

   We live in a one-room apartment. There's no privacy at all. To talk to you, I have come out in the balcony.

8. ***What do you do in your moments of anxiety and stress?***

   I sometimes talk to my mother or elder sister. But I can't really talk my heart out even with them for fear of being overheard by my husband or in-laws. Besides, they can hardly do anything to help me. They themselves are stuck due to this Lockdown.

9. ***Are you getting enough time for yourself under this Lockdown situation?***

   Do you think that is even possible with three of them breathing down my neck all the time? Someone or the other needs something to eat, or tea, at any given time. They just can't see me sitting even

for a moment. Then, cleaning and dusting, washing of clothes, it's so overwhelming. (Her voice was filled with frustration.)

10. Why don't you make your family members share the responsibility of household work?

Are you joking? I don't even dare suggest it. My husband will get angry. (Her voice actually shivered a little.)

11. What are the main challenges you are facing in the present situation?

I have told everything already. My husband and his parents are not ready to cooperate; rather all of them are very demanding and abusive. There's no privacy. There is so much of household work that I don't get a breather the whole day. Food supply and other essentials have started to run out. His job is gone with the shop being closed, and the resulting irritability.

12. What are the positive and constructive things you are indulging in to deal with the present situation?

I cannot think of any. There's no time or opportunity for anything.

Analytical Inferences

The analysis of the structured telephonic interview in terms of the scope of this research are given below:

(a) Awareness Level: The knowledge about COVID-19 and the Lockdown seems inadequate.

(b) Concerns and Challenges:

- No privacy, with four people living in one room (husband and his parents).
- Her husband and his parents are very demanding and abusive.
- Overload of household work.
- No time to rest and no personal time.

- Lack of sleep and tiredness, and a sense of humiliation.
- Shortage of food supply and other essentials.
- Loss of income with the loss of her husband's job.

(c) Psychosocial Impact:

- Depressive symptoms like hopelessness creeping in due to external factors as well as internal family dynamics.
- Situational anxiety induced due to loss of income and shortage of food supply and other essentials.

(d) Coping Mechanism:

There is no adequate coping mechanism available to her.

Case Study 4: Domestic Abuse/Violence Against Women During Lockdown

Aim

To understand the serious concerns of women safety which is at risk due to increase in the number of cases regarding domestic violence during the Lockdown.

Background

Based on the news reports published by many leading newspapers like *National Herald*, *Indian Express* and *The Times of India* on April 02/03, 2020 on the increased cases of domestic violence against women since the Lockdown came into effect, as reported by The National Commission for Women (NCW). The Commission is a statutory body of the Government of India, which advises the government on all policy matters affecting women, as well as other NGOs, women rights activists, advocates and women help agencies.

Description

The National Commission for Women, which receives complains across the country, has recorded more than two-fold rise in the gender base violence. *Rekha Sharma, Chairperson, NCW in a statement on 02 April 2020, said that the Commission has been receiving complaints mostly via emails. In the first week of March (2-8), the Commission had received 116 complaints of crimes against women from across the country. During the Lockdown period from 23-31 March, the number of complaints increased to 257.*

According to the NCW data, during the Lockdown period, there have been 69 cases of domestic violence, 77 cases under Right to Live with Dignity, 15 cases of harassment of married women in the home, two dowry deaths, and 13 cases of rape or attempt to rape. The number of domestic violence cases in the week prior to the Lockdown was 30, harassment of married women 13, Right to Live with Dignity 35. As stated by NCW Chairperson, "I've seen very different kinds of complaints during this Lockdown period. Women are not being able to reach the police if they want to, and in many cases, they don't want to approach the police because if the husband is released from detention after a couple of days, the woman will still be unable to leave the house.

The actual number of cases of violence against women are estimated to be much higher than the reported figures. Apparently, many women are avoiding to send in such reports out of fear of what would happen when their husbands return, as they can no longer seek respite in going out of their homes to their parents or other support systems. Another reason is the medium of reporting of such acts, which is through the internet and the lower strata does not have access to such facilities.

Rekha Sharma mentioned about a complaint from Mohali where a woman was stuck with her husband. He was abusing her and

saying that she is COVID-19, and because of her, he was suffering, and that she should leave his house.

Ranjana Kumari, Director, Centre for Social Research (CSR), stated that everyone is at home due to Lockdown and women are therefore not getting the courage to contact for help. Vani Subramanian from Saheli Trust said, "Captivity is driving people crazy and abusive situations are going worse."

On the other hand, Jagori, a Delhi based NGO, which runs helplines for women victims of violence has reported a 50 per cent drop in calls. "Women need to be at ease to make calls for help," said Jaya Velankar, Director, Jagori. "They need privacy. But when the entire family is at home, it is difficult for them to call the helpline."

There is a rise in the cases of violence against women being reported in other countries under Lockdown as well. France began a nationwide Lockdown on 17 March, which will remain until at least 15 April. Consequently, the last week of March reported a jump of 36% in Paris and 32% elsewhere in France of domestic abuse as reported to police. On 30 March, 2020, the French Government announced that it would pay for hotel rooms for victims of domestic violence and open pop-up counselling centres.

Analytical Inferences

The analysis of the case study in terms of scope of this research is given below:

(a) Concerns and Challenges:

- Increase in domestic violence against women since Lockdown
- Avenues for seeking help and support reduced due to Lockdown

- Women are avoiding to approach the police
- Going to parents/relatives/friends for support not an option due to restriction on movement

(b) Psychosocial Impact:

According to Rekha Sharma, the numbers of domestic violence are increasing because some men may feel a sense of frustration sitting at home, coupled with pressure of loss of income and stressful situations. Based on the above as well as other research inputs, the frequency of domestic violence/abuse against women at the hands of husbands/in-laws during the prolonged duration of confinement may be attributed to following factors:

- Frustration due to loss in income
- Anger due to restricted supply of food items and essentials
- Concerns and anxiety for the future
- Restlessness and helplessness for being unable to get the essentials
- Reporting/support system of women being restricted due to the Lockdown
- Lack of privacy to women for reporting, owing to continual presence of husband and other family members

(c) Coping Mechanism:

- Talking to friends and relatives as and when they get a chance.
- Some women try to reach women rights organisations through e-mail/WhatsApp.

Case Study 5: A Conservancy Worker

Background

Based on the personal interview with Suneeta, who is a conservancy worker and part of the contract labourers deputed

for door-to-door lifting of garbage in a residential complex of Jhansi. She approached one of our lead researchers, who lives in that residential complex, with a strange request. The ensuing conversation, between them gave an insight about the problems being faced by families of persons suffering from alcoholism under the prevailing Lockdown.

Description

The description is given in the form of narrative from the point of view of the interviewer:

The doorbell rang 3 times before I could open it. It was Suneeta, the conservancy staff who picks up the garbage bag from our house every alternate day.

"Memsaab, I need your help urgently." She looked flustered.

"Yes, sure. Tell me, how can I help you?" I asked her in a soft voice.

She started in a desperate tone, "Madamji, do you have some liquor at home. Dalbir, my son, is making our life hell... hitting his wife and children. We must have done some bad karma. How do I manage it in this small house? I cannot even send children away. They are watching all this. He doesn't sleep the whole night. Today, he almost hit me; he never did that before. He has become a total animal. Please give some alcohol for him. Everything is shut because of the Lockdown. I beg you Madamji." She rattled out in one breath.

She started again, "This alcohol addiction is such, once it grabs someone it's really hard to get rid of it. They say that those who consume alcohol won't get this disease at all. He won't die but he will definitely kill the rest of us. From where do we get the money to buy his liquor? The essential expenditure of the house is being done from the meagre amount of my savings."

THOSE SUFFERING FROM ALCOHOL WITHDRAWAL SYMPTOMS NEED A SYMPATHETIC TREATMENT AND SUPPORT AT HOME.
XX

I spoke in an empathic and soft tone, "Don't worry, calm down and relax. This COVID-19 crisis and the Lockdown problem has arisen for everyone. It's for our own safety and we all need to bear it together. I really don't have any liquor; and as such liquor is not a solution for this problem. I will give you the address of a nearby doctor who can give medicine for your son. I will personally call the doctor to help you. And I will give you some money." Getting a few reassuring words worked like a magic for her. "No madamji, I have money at the moment, and now I know if I need help, I can approach you. Let us all pray together that we get past this problem soon." Saying this she left, blessing me and my family for long and healthy life.

I wanted to clear her misconception of alcohol drinkers being immune to COVID-19 but this was not a time for it. I made a mental note to have another conversation with her later.

Analytical Inferences

The analysis of the personal interview in terms of scope of this research is given below:

(a) Concerns and Challenges:

- People suffering from alcohol addiction are facing withdrawal symptoms due to non-availability of liquor under the Lockdown. (even drug addicts are likely to be facing the same)
- Withdrawal symptoms, if not handled with appropriate treatment, may lead to health hazards for the addict.
- Withdrawal symptoms, if not handled with appropriate treatment and support, also lead to aggressive behaviour resulting in domestic violence and harm to others.
- Misinformation about the disease and treatment.

(b) Psychosocial Impact:

- Frustration and depression for the family members of the addicts
- Possibility of physical assault/harm to the family members by the addicts
- Feelings of guilt, helplessness, self-blame and anger on seeing son suffering, and daughter-in-law and children getting assaulted.

(c) Coping Mechanism:

- Community support.

Concerns and Challenges (Based on Analytical Outcomes of Survey)

Common Stressors of Women

Based on the research data gathered through telephonic interviews and online survey inputs, the common stressors of most women manifesting due to the prevailing situation of COVID-19 and the Lockdown are listed here.

- **Fears of Infection**- To self and/or to family. Particularly, if anyone in the family is experiencing any of the physical symptoms potentially related to the infection.
- **Overload of Stressing Information**- Inadequate practical information and overload of stressing information is a cause of anxiety.
- **Managing Supplies**- Due to restriction of movement and markets being closed down, managing the required supplies of food items and other essentials have become difficult. To fulfil the demands of family members in less resources is becoming the cause of stress for most women.

- **Overload of Household Work-** All members being busy with their own things, the responsibility of household chores including the additional work being created due to continuous presence of family members, falls on the shoulders of the woman of the house. To top it all, domestic help are not available due to the Lockdown, which has made the situation even harder for women.
- **Joint Family Issues-** Unsupportive family members, tantrums and non-cooperation of spouse, elderly parents, and/or in-laws, limitation on personal space and time are the most common stressors of the women living in joint families.
- **Uncertainty-** about the situation and the future is proving to be one of the biggest stressors for everyone. No one knows how the situation is going to pan out; especially how long the Lockdown is going to be extended.
- **Domestic Abuse/Violence-** Differences with spouse in personality and thinking is leading to increased conflicts, resulting in frequent domestic violence/abuse in many families, owing to the increased stress levels. Women from already abusive households are suffering even more as they have no escape due to the Lockdown.
- **Separation Anxiety-** In cases where child(ren), spouse or other close family members are stuck in any other city/country, the stress and worry of their well-being and anxiety of when will they be back home, are the prime stressors.
- **Shortage of Money-** In families where the man/woman have suffered loss of job/salary due to the Lockdown, the depletion of savings and shortage of money happen to be one of the main stressors.
- **Other Health Issues-** Women suffering from PMS, menopause, and/or other health conditions; dysfunctional

families having members suffering from serious chronic ailments like hypertension, diabetes, cancer, paralysis, various disabilities, have faced additional stress because of the restrictions imposed due to the Lockdown.

- **Frustration and Boredom**- Not being able to participate in usual recreational activities, like going out for meals/drive, partying, social get-togethers, unable to meet their loved ones and friends as earlier, etc. also happens to be one of the main stressors.
- **Changes in Eating Habits**- The continuous spells of being inside their homes due to the Lockdown have brought changes in eating habits in many people – delayed meal times being the most common change, with some falling into binge eating, while loss of appetite has been reported by some others. Apparently, it is dependent on genetics, mental makeup, background, existing eating habits, love for food, amount of physical activity, and availability of preferred food items. Anxiety and boredom are big causes of binge eating.

Stressors Specific to Parents/Mothers

Women are facing major issues concerning management of children during the Lockdown period. This study shows the following concerns of mothers being a parent.

- **Continuous Presence of Children at Home**- With schools and colleges closed, kids are home all the time. Today's generations (Gen Y & Z) tend to be more of global citizens, meaning they readily adapt and emulate hybrid cultural ethos and behaviours from across the globe, while Gen X and older generations tend to be more comfortable with their own cultural roots. Clearly, today, children's lifestyles and outlook tend to contradict with that of their parents and

all of them stuck together in a limited space of a house for unbroken periods of many days, as is the case in the present Lockdown.

- **Sibling Rivalries**- Another peculiar characteristics of today's children is that the generation gap tends to trickle in-between even siblings; implying that siblings with an age gap of 5-6 years seem to be belonging to different generations in terms of their thoughts, perceptions, ideas and behaviours. This intensifies the rivalry between most siblings.
- **Loss of Studies**- With schools closed indefinitely due to the Lockdown, precious study time is getting lost. Besides, teaching children at home doesn't come easy to most parents, giving rise to anxiety and stressed atmosphere between parents and children. Women are facing the extra load of teaching the children along with their daily chores.
- **Lack of Structured Daily Routine**- Due to prolonged holidays the structured daily routine of school days gets side-lined. Laziness and procrastination in children are driving most of the mothers mad.
- **Increased Screen Time** of children is creating anxiety and irritation in parents. Most of the children are spending minimum 7 to 8 hours on screens.
- **Behavioural Issues**- Sedentary lifestyle packed with binge-watching and binge-eating within the confines of a house for prolonged durations is bound to create undesirable behavioural changes in children. Careless attitude towards keeping the rooms and personal spaces clean, continuous cribbing about going out and eating out, missing social life, etc. is adding to their woes.
- **Younger Children's Meltdown (1-5 years)**- It is more tricky to control younger children confined to the house.

WITH PARENTS AND KIDS ALWAYS OCCUPYING THE SAME SPACE IN A LOCKDOWN, THERE IS BOUND TO BE FLARE UPS DUE TO LIFESTYLE CONFLICTS AT HOME.

When forbidden for prolonged durations in the prevailing scenario, they tend to become very cranky as they miss going out. They do not really understand what exactly is happening; nor can they comprehend the seriousness of the situation. But, this may lead to irritability, aggression and sadness.

- **Passing on Parental Anxiety to Children (5-12 years)**- In most cases, children between the age of 5-12 years may not be that worried actually, but seeing their parents getting so concerned about the pandemic, they also start to get insecure and anxious.
- **Teen Blues (13-19 years & beyond)**- The biggest concerns of teenagers (and young adults) are their careers and romantic relationships. At this age, they have already started to get attracted towards opposite gender and start forming pairs. This happens to be the leading emotion of their age. With the Lockdown and uncertainty of the duration, they are getting restless for meeting up with their crushes and partners which is leading them into anxiety and frustration. Since most of it is not shared with the parents, it may create confusion about why they are being so cranky without any apparent reasons, leading to arguments.
- **Exposure to Parental Fights**- Children are more exposed to parental fights which are on the rise due to tensed times. It can affect their mental health.
- **Difference in Parenting Techniques** is also a cause of argument between parents. It makes children feel responsible for the fight and make the parents feel further guilty.
- **Parenting Children with Special Needs**- Mothers of children with physical and mental health issues like cerebral palsy, visual and hearing impairment, intellectual disability, ADHD,

autism, conduct disorder, etc. are facing additional stress due to lack of regular treatment.

Psychological Issues

The present situation may create psychological issues, or aggravate the existing conditions, like depression, anxiety, bipolar, OCDs, phobias, eating disorders, etc. already existing in children, parents, and/or elderly. Women, due to the inherently being responsible for the entire family, are more vulnerable to many mental health issues. In the prevailing crisis, dominant mental health issues reported by women are:

- Fears and phobias
- Anxiety leading to panic attacks
- Boredom and loneliness
- Depressive feelings
- Uncertainty and separation anxiety
- Insomnia and eating disorders
- Irritability, impulsivity, aggression and restlessness

The issues listed above may get triggered afresh due to the situational triggers related to the present situation, or some underlying issues may get aggravated. Some of them are discussed here.

Existing anger issues- The present situation may tend to aggravate the existing anger issues, between parents and children, or amongst the family members, creating a persistently tense atmosphere resulting to mental health issues in some members.

Excessive screen time- Owing to the availability of excessive free time during the Lockdown, many people including children tend to indulge in binge watching, gaming,

reading/surfing online, resulting in excessive screen time much beyond any of the recommended safe levels. There are different recommendations on safe levels, ranging from 1-2 hours to 3-4 (staggered over 2-3 stretches) hours in a day. This may lead to physical as well as psychological issues like—blurred/double vision, or inability to focus, itchy/ burning/ watery eyes, headaches, fatigue, neck pain, irritability, etc.

Emotional outbursts- Excess of irritability, anger and frustration fuelled by the prolonged confinement generally lead to emotional outbursts. Uncertainty and fear with the present situation of isolation can breed high levels of anxiety and/or depression.

Changes in sleep and/or eating patterns- The abrupt and significant changes in the sleeping and eating patterns induced by closing of workplaces and sudden change in the lifestyle may also affect the mental makeup of a person.

Statistical Representation of Responses Pertaining to Community Perception

Result Analysis of Women, Mothers and Parents Responses

Table 1: Month in which participants first heard about COVID-19

Month	*n*	%
December 2019	55	30.7
January 2020	80	44.7
February 2020	31	17.3
March 2020	13	7.3

Note: Majority of the participants came to know about COVID-19 in January 2020.

Table 2: Source of information about COVID-19

Source	*n*	%
Newspaper	21	11.7
News Channels on TV	53	29.6
Internet	51	28.5
Friends/Relatives/Colleagues	15	8.4
Various Sources	39	21.8

Note: For majority of the participants, the information about COVID-19 was gained through news channels on television.

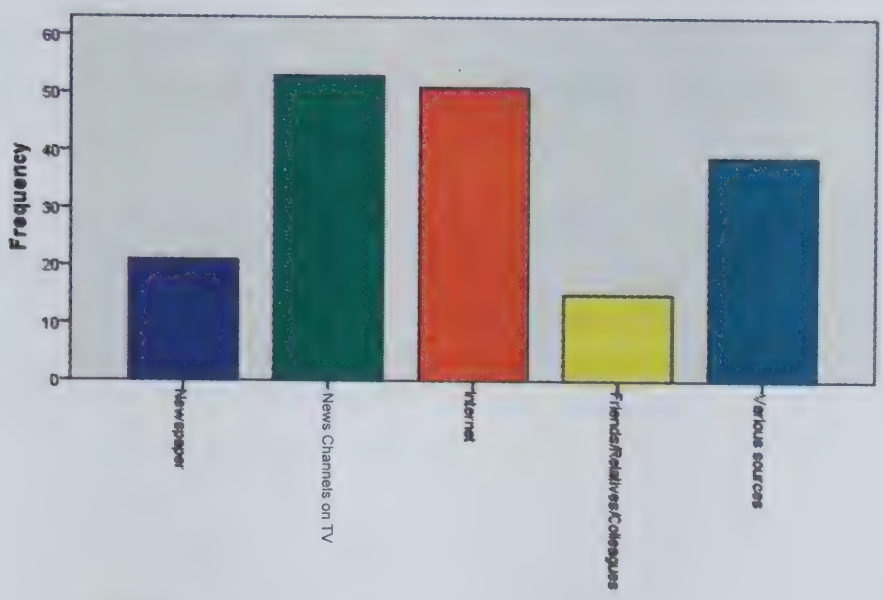


Figure 1: Source of information about COVID-19

Table 3: Level of knowledge of participants regarding COVID-19

Level of knowledge	*n*	%
Adequate	119	66.5
Most of it is creating confusion	9	5.0
Information Overload- not sure what to believe	36	20.1
Insufficient	4	2.2
Disturbing and Scary	11	6.1

Note: Majority of the participants had adequate level of knowledge about COVID-19.

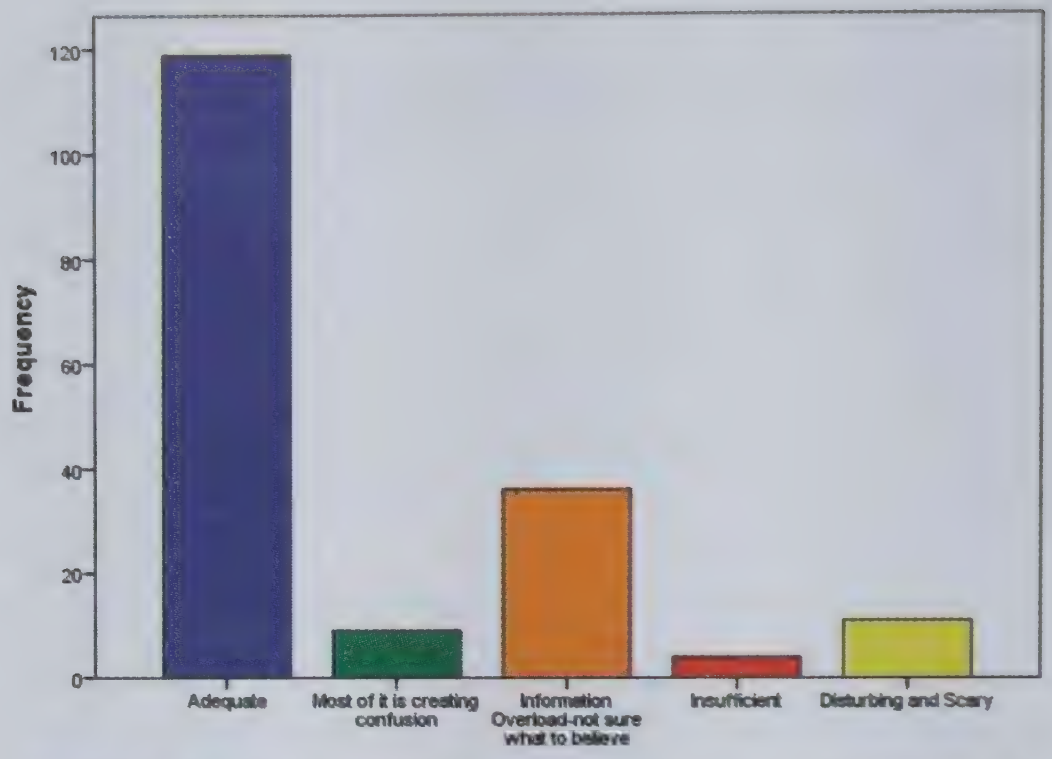


Figure 2: Level of knowledge of participants regarding COVID-19

Table 4: Impact of Lockdown on major family events

	n	%
Events affected	54	30.2
Events not affected	125	69.8

Note: Majority of the participants (n=125) reported no significant impact of Lockdown on their family events. However, some participants (n=54) reported that Lockdown had affected their important family events such as weddings, family holidays, exams of their children, etc.

Table 5: Participants being overwhelmed or not as a result of changes in availability of domestic help

	n	%
No- as at home domestic help is available	43	24.0
No- as there is not much extra work	30	16.8
No- as other family members share the load	69	38.5
Yes- somewhat overwhelmed	37	20.7

Note: Majority of the participants reported that it is not overwhelming for them since the other family members are also sharing the household responsibilities.

Table 6: Type of parents in the sample

	n	%
Single parent	23	12.8
Not a single parent	62	34.6
Not applicable	94	52.5

Table 7: Any pregnant member in the family

	n	%
Yes	6	3.4
No	148	82.7
Not reported	25	14.0

Note: Majority of the participants reported of not having any pregnant woman in the family.

Table 8: Responsibilities shared by the family members

	n	%
Everyone shares the load	97	54.2
Some of them help in some things	62	34.6
Members have to be requested to help	8	4.5
No one listens	3	1.7
No help is required	9	5

Note: Majority of the family members share the work load.

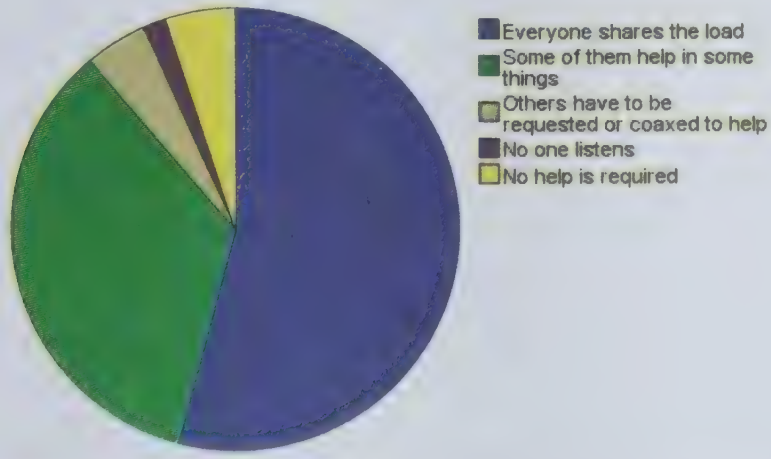

Everyone shares the load
Some of them help in some things
Others have to be requested or coaxed to help
No one listens
No help is required

Figure 3: Responsibilities shared by the family members

Challenges Faced by the Participants

The main challenges of the participants revolved around business, finance, kid's education and uncertainty about future. Some of the participants also expressed their concern regarding changes in their routine, getting groceries, fruits, vegetables and other household items. Some also wrote about being anxious and emotionally overwhelmed.

Participants' Constructive Ways of Dealing with the Present Situation

The most commonly used terms and phrases included 'reading', 'watching television' and 'spending time with family'. Around thirty participants used the phrase 'spending time with family'. They watch TV serials, *Ramayana* and *Mahabharata*, news channels, music and dance shows, etc. They also spend some quality time with family in exercising, playing, singing and dancing together. Around twenty five participants used the term 'reading'. They spend their time reading books, research papers and preparing for exams. Some responses included meditation, yoga, writing blogs and poems, talking to friends, cleaning house, etc.

Chapter 3

HOW TO DEAL WITH IT

Understanding Human Psyche

In the face of any crisis, our most natural response is to feel anxious and stressed out. However, as rightly said: 'Life finds a way' and adapting in order to survive is also a natural instinct. More often than not, it is the mental, emotional and psychological adaptation which holds vital importance; that is, what is the first step in fighting any crisis like the present COVID-19 pandemic. This bouncing back in the face of adversities is what is known as 'psychological resilience'.

To understand the psychological resilience and coping mechanism, it is important to understand how human mind gets programmed by repetition.

The Mind Programming

Human brains are like a super sophisticated computer with unlimited memory. When we are born, we have only few genetic impressions in the form of brain programmes. Rest of it is loaded by the environment through our life conditions and learning.

We can compare our brains with a fresh untouched grass field. When someone keeps walking the same path on grass field, a clear pathway forms there. Similarly, when we keep giving the same message to our brain, same set of neurons keep firing on the same neuro-pathway and those synapses become strengthened.

Repetition of any experience or message creates a clear neuro-pathway in the brain, same as the grass field. That is how habits and beliefs are formed.

With enough repetitions, our behaviours become automatic. Reading, driving and riding a bike are examples of complicated behaviours that we do automatically because strong neural pathways have formed.

Thoughts, Feelings/Emotions and Behaviour

If you realized how powerful your thoughts are, you would never think a negative thought.

The root of our behaviour and responses to situations start from our thoughts. Every thought releases a certain kind of chemical in our body. These chemicals are responsible for our emotions and feelings. We behave the way we feel. If we are feeling positive, our behaviour will be positive and if we are experiencing negative feelings like anxiety, fear, frustration, anger, our behaviour also tends to be negative. This simply means that our emotions are actually a chemical soup. Our behaviour is decided by the ingredients of this soup, which are the chemicals in the brain. The quality of these chemicals is dependent on our way of thinking and perceiving.

The cycle can be depicted as: - **Thoughts → brain chemicals → feelings → behaviour/actions**

It is important to understand that negative feelings create more negative chemicals, which further lead to more negative feelings. Let us understand by an example: two people hear the same news about increasing threat of COVID-19.

One, who has a dominating negative approach, will have thoughts like- *'It's a helpless situation. We can't fight an invisible*

enemy. Even the government can't do much'. This person will release stress hormones, which may create a feeling of hopelessness, and consequently, his/her behaviour will be either depressive, anxious and/or aggressive and blaming.

The other person has an optimistic attitude. His thoughts, may be on the lines of - *'Although corona is a real threat, but it's not the first time when the world is experiencing such a pandemic. It has happened in the past so many times and always gets controlled in the end. Yes, loss may be big, but it's not a hopeless situation. Government is working proactively, and majority of the population is supportive'.*

All this information clearly tells us that our thoughts are very powerful in deciding the quality of our life. It has biological base to it. If we just change the perception towards the situation, our coping becomes better automatically.

How all the above information can be useful for the mothers during this Lockdown period? Well, they have a chance to modify the undesirable behaviours of their children, while they are getting so much time together, and the knowledge of how behaviours form can help.

Dealing with Specific Issues

1. Management of women's own emotional health

- **Fear of infection**- Take precautions, think positive, and calm yourself with rational thoughts. Many a times, fear triggers a panic response, rational thoughts reduce fear. *Activity*- Take a diary and write down all your fears. Match them with actual data - How many people in your area are affected? What are the recommended precautions you can take for prevention?

- **Overload of information**- Choose authentic sources of information. Control the compulsive need of minute by minute updates. It is also vital to monitor the use of social media, especially fake news. It can be overwhelming to hear about the crisis all the time and may lead to feelings of anxiety and stress. It is important to keep yourself engaged in other activities to shift your focus.
  Activity- Make a list of authentic sources of information. Fix the news timings on TV/online once or twice in a day to catch up on what is happening.
- **Managing supplies**- Know the sources of your supplies. Try to arrange home delivery, assign one person to do the job. Take proper precautions. Do not do panic buys, plan ahead rationally.
  Activity- Discuss with your family about the shortage of money/food/essentials and the need for judicious use of these things. Fix up timings and menu for meals and snacks, drawing a balance based on the preferences and availability of raw materials.
- **Overload of housework**- Try to distribute the work amongst all family members, equal distribution to children (age appropriate tasks), set boundaries, lower your expectation of perfection, teach calmly and effectively, where needed.
  Activity- Set a timer to complete the particular task assigned to each of them. Note the everyday completion time in a record sheet. Evaluate the progress and give rewards. This creates motivation, sense of achievement and positive feelings.
- **Joint family problems**- Accept the practical situation. Avoid self-pitying/self-victimising thoughts. When you

Jot down the sources of your anxiety and how to resolve them in best manner

cannot do much about the outside environment, try and change inner environment by changing thoughts. Try to find out something good in the situation.

Activity- Get up 10 minutes earlier than your normal time. Do some breathing exercises and positive affirmations- "I am having the pleasure of serving others", "I am strong and powerful", "I am in full control of my feelings and actions." Plan your day. Decide to handle situations firmly and calmly. When you prepare your brain in advance, it saves you from emotional outbursts and overwhelming feelings.

- **Dealing with uncertainty**- This is the biggest concern of present times and it is natural to feel anxious about uncertainty. Most of us live out of our automatic habits of mind. Our brains do not find change comfortable. It likes to keep us in comfort zone of familiarity. When we know a situation, we feel in control. Uncertainty leaves our brain baffled. However, one can train oneself to adapt to uncertain situations. Like brushing the teeth with the other hand - it trains your brain to adapt. Some quick pointers for dealing with uncertainty are:
  - Think what can you change, and what you cannot. Accept what you cannot change. Take steps towards things that you can change.
  - Have a contingency plan.
  - Develop attitude and skills in living out of your known/comfort zone.
  - Positive self-talk. Ask for support from the ones you trust and feel connected to.
  - Spot your irrational fear the moment it emerges. Reason why it is irrational.

TAKE A DEEP BREATH
THIS TOO SHALL PASS!!

  - Pay attention to what really matters. Do not dwell on problems.
  - Live in the moment.
  - Trust your inner wisdom.
  - Breathe, if nothing else works. This sure will calm you down.

- **Conflict management**- It is very natural to have more conflicts when we are under some kind of threat leading to feelings of anxiety, and are forced to live in a confined space. However, most of the conflicts can be prevented and resolved by just being a little more mindful and cooperative.
  - Watch your language - words are powerful. They can hurt or heal.
  - Be empathetic - putting yourself in a person's shoes gives you better perspective of the other person's concerns and perceptions.
  - Half the conflicts are notional; learn to agree to disagree and respect other person's views.
  - Set clear expectations and rules; practical problems over work and behaviours can be sorted if there is clear responsibility division and consistency in following it.
  - Strengthen the ego instead of weakening it. When we appreciate others for anything, we change the biochemistry by touching the emotional centres of brain. This leads people to be more open to suggestions.
- **Anxiety of separation from loved ones**- Understand that in the prevailing circumstances, your loved one(s), if stuck far away from you, are safer wherever they are, rather than trying to travel to reach you. Stay connected over various communication channels- phone, social media, video calling, etc.

- **Shortage of money**- Dealing with it consciously is very important to avoid the feelings of frustration, anxiety and anger. Plan ahead and use your resources wisely.
- **Health issues**- Families with severely ill members are facing a hard time during the Lockdown.
  - Be empathetic towards sick. It places more burden on the woman of the house; hence it is important for them to watch their emotions in this time.
  - Share the load of caring and managing the sick.
  - Recharge your own mind with proper food, sleep and positive thoughts.
- **Domestic violence/abuse**- There seems to be an increase in the number, frequency and intensity of the domestic abuse/ violence cases against women since the Lockdown. Some suggestions to deal with it are:
  - Manage own emotions; introspect and be sure that your behaviour, even unintentionally, is not a trigger in instigating or aggravating the situation. Men may be dealing with the stress of loss of job/income in the prevailing situation and may need understanding, empathy & emotional support.
  - Convey your concerns in a soft and firm manner; put across that everyone in the family needs to contribute in the increased household workload due to the continuous presence of all family members at home during the Lockdown.
  - Discuss with your family about the shortage of money/ food/essentials and the need for judicious use of these things.
  - Reach out for psychological counselling & support, if needed. (Samaritans Mumbai: 8422984528; COOJ

Mental Health Foundation: 8322252525. Other Free Telephone Counselling Hotlines for various needs are listed at https://www.opencounseling.com/hotlines-in)

- In case the situation becomes too extreme, government and other women rights organisations/ NGOs may be contacted through their helplines/email/whatsapp for easy reporting & support; and for shifting the victims to safe places.
- Helpline numbers : 9833052684, 9167535765 (Sneha, an NGO for women & children); 1091 (All India Women Helpline); 181 (Domestic abuse); 011-26942369 (National Commission for Women); List of other helpline numbers at following sites: www.ncw.nic.in/helplines and https://indianhelpline.com/WOMEN-HELPLINE/

- **Pregnant Women-** A pregnant woman in the family needs a lot of care. Important points to be kept in mind are:
  - It is vital for a pregnant woman to stay in a positive state of mind, and away from any unnecessary stress in addition to taking preventive measures against infections.
  - Care needs to be taken for regular healthy diet and required supplements and medicine, prescribed by the doctor.
  - The contact details of necessary medical support should always be handy in case of any such need.

Building Resilience

Let us now discuss some significant points which can help in building physical and psychological resilience for self and the family.

- **Self-care-** As a woman of the family, it is important for you to create space and time for yourself amongst the plethora of

interspersed activities being managed by you in a family set up. It is important to follow a routine to bring predictability, order and discipline in your daily life. Plan your activities and daily routine in a systematic manner.

- **Self-awareness** - You need to be aware of your strengths and limitations, triggers for emotional disturbances, patterns of behaviour, your attitude towards life and other things around you including the present situation, fears and insecurities.
- **Open communication with family members**- In this hour of need and the peculiar situation, the family members need to stand by each other with mutual respect and support, leaving aside any existing, perceived or emerging differences. The key is 'Open communication'.
- **Habits to cultivate in self and family members**- The unprecedented crisis like COVID-19 tend to have more psychological pressure and damage on people than the actual health hazards. It is important to cultivate good habits (eating healthy and taking care of hygiene) in self as well as in your family members to safeguard against physiological and psychological issues. For this, you need to educate yourself and stay informed about the virus- how it spreads, precautions, treatment, provisions, and facilities provided by the government.
- **Creating and providing social support**- Social support not only helps in generating more resources to help us function more effectively but also create a psychological buffer, a support system from where we derive an emotional and moral boost. Reach out to your friends and relatives through audio/video calls or other social media platforms.
- **Advance planning for extreme eventualities**- It is a good practice to have an advance planning for extreme eventualities

in order to boost your resilience. You should be aware of the symptoms of COVID-19 as well as the procedure of quarantine. Emergency numbers for medical support and police should be handy.

2. **Managing Concerns and Challenges of Parents and Mothers**

Various concerns and challenges of parents and mothers, can be addressed by certain easy-to-implement methods.

- **Build positive images**- Children have an innate desire to make their elders happy and seek appreciation from them. When we give them a certain positive image they do their best to live up to it. Repetition of this process creates a permanent neuropath in their brain and it becomes their personality trait. For example, a child bakes a cake for the first time. She gets appreciation. Now, the parent uses this opportunity to build an image saying she is so good at baking. This message goes to the environment as well as to the child. Few more people say the same thing. She is now motivated to repeat the action. Image is strengthened by the parent again. Slowly, she will develop the belief that she is good at baking. Appreciation will keep her motivated to learn better baking skills and she can actually become good at baking. (We are using the principle of mind programming here given under the heading 'Understanding the human psyche')
- **Mirror their feelings**- When a child is not feeling good, his first need is to be understood and not to solve the problem. Most of us as good parents try to give solutions. A step before that can change the whole situation. For example, a child comes to the parents because he is scared of the ongoing pandemic. Parents out of their love and

concern try to reassure that he and his family are safe. Child may not be convinced because news is saying the opposite. Now, if at this point, parents mirror the feelings by saying, "Yes, I can feel you are scared, it is how most of us are feeling, tell me what is really scaring you." This will give a chance to the child to explain his feelings and feel understood and cared. Now, it is the time to give reassurance.

- **Model resilient behaviour-** Children learn more by actions than words. If you are showing too much of anxiety, helplessness, frustration, irritation and poor coping with the present situation and tell the children that all will be okay, it will not work. Parents subconsciously pass on their anxiety to children and expect opposite behaviour. Courage, planning, hope and compassion are needed to build more emotionally resilient children.
- **Watch your language-** Your words have much more power than you think. The principles of neuro-linguistic programming have proved it time and again. Float positive vocabulary like courage, hope, possibility, etc. in your home environment and reduce the use of negative words like fear, lack, and irritation. It is subliminal training of brain.
- **Strengthen the ego-** This has already been discussed under 'conflict management'. Strengthening the ego works for children too. Appreciate them for their good work rather than criticising them for undesirable things. They will automatically start doing more of the desirable things in order to earn more appreciation.
- **Set clear rules and expectations-** It is important to lay down clear rules of conduct acceptable in the house—in

respect of cleanliness as well as general behaviour. Clear-cut boundaries need to be set beyond which it will not be acceptable under any conditions. Motivate them into self-discipline by modelling, positive reinforcements and rewards.

- **Be consistent-** Consistency of behaviour and rules are important for instilling the sense of discipline. Changing your stance frequently dilutes the importance of following the laid down rules.
- **Sibling rivalry-** The most important rule to avoid/ minimise the sibling rivalry is—never compare or criticise your children with respect to each other. All of them have their own strengths and weaknesses and cannot be compared in real sense. They expect and deserve unconditional love and support of their parents.
- **Have heart-to-heart conversations-** This time of the Lockdown is providing the perfect opportunity for parents to connect with their children, to have heart-to-heart talk with them, to spend some quality time with them.
- **Learn and laugh together-** Find fun activities to indulge in as a family. Have fun together. Learn together. Help them learn and enhance at least one skill other than their school activities. Work on enhancing their creative skills. Teach them listening skills, empathy and compassion. Play indoor games together. Start building a spiritual dimension of their mind. Such activities go a long way to build strong and long-lasting connections with your children.
- **Build their self-esteem-** Make them feel appreciated, accepted and valued. Know their friends, appreciate them and try to build your own connection with them.

THE GREATEST SILVER LINE OF LOCKDOWN IS THE QUALITY FAMILY TIME THAT IT GIVES: LEARN AND LAUGH TOGETHER TO KEEP YOUR MORALE HIGH AND FOR BETTER BONDING!!
HOW TO PLAY FOOTBALL

Do not over expect. Be flexible where you can be. Appreciate the efforts, not the result. It gives them positive sense of self.

- **Lowering expectations and not seeking perfection-** Expecting perfection leads to anxiety and emotional flare ups. It also leads to lowering of morale of the members who are trying to help with sincere intentions. Read this point in conjunction with the previous one.
- **Teach responsibility-** Use image building methods here. Inculcate the sense of accepting responsibility for their actions. Ask them to share the household workload. Ask them to make their own time-table. When children make their own time-tables, they feel important. It gives them motivation to follow it.

Suggested Activities for the Lockdown Period

There are many fun activities that can help stay engaged during the time of the Lockdown in constructive ways while strengthening the bonding between parents, children, siblings and other family members. Based on the inputs of the survey, people are using many beautiful ideas, some commonly known and some creative ones, to make the best of this situation. Some of the chosen activities are listed here.

- **Cooking-** Indulge in preparing different dishes as a family. It not only provides different cuisines to pamper your taste-buds, but also enhances the family bonding.
- **Watching movies together-** Sharing screen time gives a sense of bonding, removes the sense of isolation and boredom.
- **Family games-** Family games like chess, carom, various board games, '*antakshari*', dumb charades, etc. can be a lot of fun.
- **Musical instruments-** Now is the perfect opportunity to learn that guitar which you always wanted to, but didn't have

PLAYING TRADITIONAL BOARD GAMES WITH YOUR FAMILY IS A GOOD WAY TO ENJOY THE PRESENT AS WELL AS EVOKE YOUR OWN MEMORIES OF CHILDHOOD.

enough time and energy with all the running around between office and home. Learning/playing musical instruments with children takes the parent-children bonding to a different level.

- **Karaoke-** Karaoke is another total fun activity for the entire family; just let the Kishore Kumar or Lata Mangeshkar, secretly hidden inside you for ages, be out. It doesn't matter if you don't have a singing voice. Karaoke sessions come out to be much more fun with 'besuri' horse-like voice.
- **Painting, sketching, animaking-** A perfect opportunity for those of you who have the artistic fingers and an imaginative mind. Take out the canvas or a scrap book and the colour box, pencils, brushes and palette. You can also start a joint project with your kids, creating a masterpiece with everyone's cumulative contribution, talent and effort to hang it proudly in your sitting room once completed.
- **Photography-** If you have a knack of light and shade, dig out your DSLR and start shooting. Capture the exotic birds and colourful hues of the nature which have started showing themselves with the pollution and noise gone. Don't have a DSLR? No worries - use your smartphone camera; it has enough megapixels packed into it to compare with any DSLR.
- **Stargazing-** With pollution levels dropping to all-time low, our night skies have become so clear. You can use your balconies and terraces to indulge into the intriguing activity of stargazing with your kids. In case you happen to have a telescope at hand, set it up to have a conversation with moon, venus and other celestial bodies.
- **Best-from-waste-** Children can be motivated to take up best-from-waste projects. It will bring out their creativity in

addition to converting the waste lying around, into displayable artefacts.

- **Other art forms and hobbies-** Other art forms like sculpting, clay-modelling, glass painting, fabric painting, origami are an option to make the best of the available time, depending on the inclination and resources available.
- **Book clubs-** Pick up some interesting books to be read by all and then have a family book club meeting.
- **Lawn activities-** Those of you who are fortunate enough to have a lawn (or a big terrace), can indulge in activities like stone painting, gardening, etc.
- **Positive psychological activities-** There are a number of positive psychological activities that help in inducing positive thoughts and feelings in all participants. These activities include thinking exercises on forgiveness (self & others), self-acceptance, self-esteem building, and positive affirmations.
- **Yoga, meditation and breathing** - A number of research studies have proven that deep breathing exercises have the potential to replace the medication if done properly and consistently. In this emotionally overwhelming time, breathing exercises can be the most stabilising tools for all ages. Breathing techniques are being strongly recommended by many health organisations around the globe including the Ministry of Health and Family Welfare, India, in their advisory for enhancing immunity against respiratory infection like asthma, flu, and even COVID-19.

Need for Counsellors and Psychologists

Mental health problems are on the rise. Already affected people are not getting their regular sessions and medicines. Isolation is

worsening their situation. Cases of domestic violence are rapidly rising. The physical support system is missing for all these people. Moreover, the psychosocial impact of the COVID-19 situation and the Lockdown is infusing high level of anxiety, depression and panic in normal people too, leading to the enhanced need of mental health services.

The role of counsellors and psychologists is very important at this crucial time of threat, fear, separation anxiety, loss of freedom, financial anxiety, loneliness and sudden changes in daily lifestyles. Women and parents are going through an unprecedented kind of lifestyle changes, which they could never anticipate. Online schooling, working from home, excessive screen time, conflicts in relationships, boredom, and fear of infection have disturbed the family system. Lack of domestic help and overburden of work are leading to interpersonal conflicts, fatigue and burnouts.

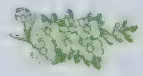
People need to seek rational psychological advice and support. Mental healthcare becomes a circular need in such situations. However, before stepping up and undertaking the responsibility of extending the psychological support, counsellors and psychologists need to prepare themselves on certain important aspects, as below:

- **Authentic knowledge about COVID-19 situation-** It is vital for mental health practitioners to acquaint themselves with genuine knowledge on various aspects of COVID-19 using authentic sources.
- **Manage your own feelings about the pandemic-** Once all the relevant knowledge on COVID-19 has been assimilated, counsellors and psychologists need to manage their own feelings about it. Anxieties, fears and apprehensions, if any, tend to show in their expressions, tone and body language while dealing with patients.

- **Normalise the threat perception-** The foremost and the most vital aspect while treating patients is to normalise their threat perception, using appropriate facts and statistics about the pandemic. They need to believe and know that this is not the end of the world. Further counselling will be effective only after their fears and anxieties are settled.
- **Detaching yourself from psychological burden-** Though a part of the regular practice, it is quite relevant here to mention that the mental health practitioners need to be particular on the aspect of keeping themselves detached from the psychological burden of their patients. The gloomy stories of the horrible situations the patients live through are often known to haunt the counsellors and psychologists, messing up their own lives.
- **Empathy over logic-** Women and mothers have a whole lot of responsibilities over their shoulders, of their children, husbands as well as other family members, which have been increased multi-fold by the prevailing situation of the pandemic and the Lockdown. The added multi-directional burdens may make them vulnerable to seemingly irrational concerns and fears. Counsellors would do well if they give priority to empathy over logic while dealing with such cases. For instance, a counsellor may come across a mother who is almost in a panic state for the fear for her young child, scared of even feeding the child. In such a situation, telling her that her fears are irrational may not work; rather empathising with her by understanding and being sensitive to her fears is sure to make her feel understood; and then the counsellor can subtly suggest some methods to deal with those fears.
- **Novel situation demands novel solutions-** This pandemic is a novel situation for all; creating strange unknown mix

of emotional states and mental health issues. Hence, our solutions and ways of reaching out must be creative too. Use technology to connect to people—telephone, WhatsApp, emails, blogs and various other social media platforms and Apps. Various psychologists and counsellors from all over the country are providing their support through different platforms for spreading awareness and rendering psychological assistance.

Chapter 4



A PRAGMATIC PERSPECTIVE

For people not actually affected/infected, the threat is perceived only in their heads. Imagine a situation similar to the present one without the threat of the disease. Imagine that you are living in this kind of a world, where there is no one in a hurry, no traffic jams, no competition to prove yourself, living with meagre resources, with ample time to connect with your near and dear ones, and to indulge in all the fancy and creative things that you always wanted to do.

What We Can Do

In spite of the situation looking all gloomy and hopeless, there is a lot, each one of us CAN do. In addition to the advocated prevention methods of regular hand washing, using face mask when going out, social distancing, home quarantine, reporting to medical authorities in case of any symptoms, etc., here is a list of things that each one of us can do to help:-

- **Check on your neighbours-** Call or text your neighbours (especially elderly ones) to make sure they are doing okay. Ask if there is anything that they need (be it a box of tissues or a cup of sugar). If you have what they are looking for, offer to leave it outside their door so that they can pick it up without coming in direct contact with you.

- **Explore ways to connect and volunteer virtually-** There are plenty of volunteer and action opportunities, and as the landscape of volunteering is evolving in the wake of COVID-19, we can also expect to see a lot of new platforms, tools, and apps for connecting with people and helping them virtually.
- **Waste not, want not-** Many of us are indulging in the mad dash to the grocery store for panic buying. Those of us who are lucky enough to have our pantries, freezers, and fridges stocked with the necessities (and maybe even a few treats) need to consider that there are people who do not get to have the necessities, as grocery store shelves continue to empty. We need to understand that restocking cannot happen as usual. It is very important for all of us that we use (cook, eat, share and store) what we have, optimally and judiciously.
- **Be a leader-** If you are in a position of professional authority and have the decision-making power to allow your team to work from home, and/or you know you cannot extract the commensurate work from them, allow them to stay at home without cutting their salary. Take care of your employees and their families in this hour of need, monitor their health status, extend your support and help where needed.
- **Remember those, who are still out there on the frontlines-** In this desperate situation, we have a whole lot of people to thank—grocery store clerks, domestic workers, nurses and doctors, police force and fire fighters, sanitation workers, delivery people, teachers who teach our kids virtually, and the list goes on. The least we can do to help these people is to cooperate with them, to maintain self-discipline when we need to be outside our homes for various essential chores.

- **Take care of yourself-** As they say, *"secure your own oxygen mask before assisting others"*. In other words, self-care is incredibly important at a time like this, and ensuring that you are making safe and smart choices is a civic duty of the utmost importance. So, for most of us, doing our part will simply mean taking care of ourselves. And that is okay!

I think of the others and see how to help them
I make my talents available to those who need them
I start to give up what I can't control
I stop compulsively consuming what hurts me, from food to news
I live in the present and focus on the future
I identify my emotions
I am empathetic with myself and with others
Who do I want to be during COVID-19?
FEAR ZONE
LEARNING ZONE
GROWTH ZONE
I become aware of the situation and think how to act
I thank and appreciate others
I keep a happy emotional state and spread hope
I evaluate information before spreading something false
I look for a way to adapt to new changes
I recognize that we are all trying to do our best
I practice quietude, patience, relationships and creativity

It's our choice who we want to be during this moment of crisis the world is facing—do we want to be selfish, or do we want to introspect and learn better ways of living; or do we have it in us to reach out to others to extend our support and help to the needy!

What We Can't Control

Not everything that is happening around us is within our control, rather most of the things are not in our control. We cannot wish away the existence of COVID-19.

- **The Lockdown and other restrictions-** You cannot remove the Lockdown and other restrictions imposed by the government in order to control the spread of the COVID-19 overnight. Being a rebel will not only make you an offender in the eyes of the law, liable for appropriate legal action, but also a sinner of humanity. The Lockdown and the restrictions have been imposed for our own safety, and may be lifted faster if we cooperate.
- **The behaviour of the virus-** We cannot control the behaviour of the virus, its lifespan on various surfaces, or its gestation period before the infected become symptomatic. What we can control is the implementation of preventive methods based on its characteristics and behaviour.

The Road Ahead

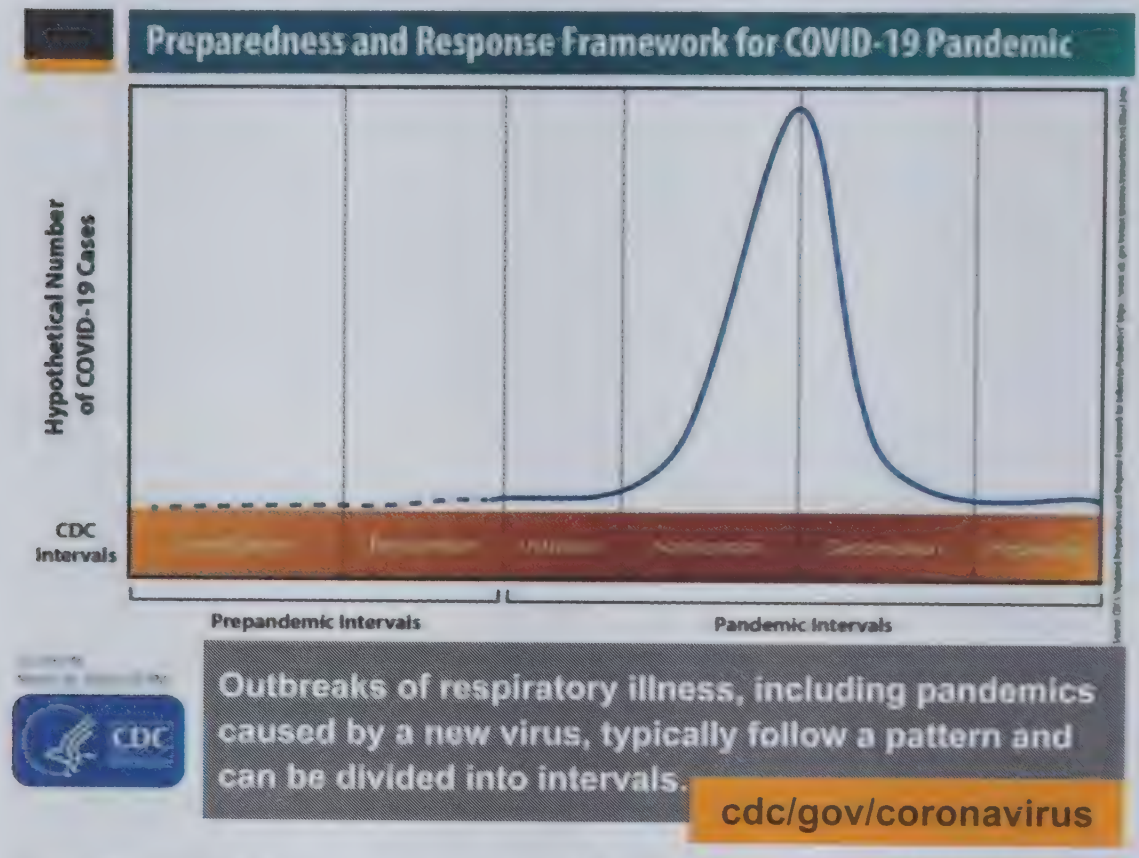
In the past century, there have been four pandemics caused by the emergence of new influenza viruses. As a result, most research and guidance around pandemics is specific to influenza, but the same premises can be applied to the current COVID-19 pandemic. Pandemics of respiratory diseases follow a certain progression that begin with an investigation phase, followed by recognition, initiation, and acceleration phases.

Different countries can be in different phases of the pandemic at any point of time and different parts of the same country can also be in different phases of a pandemic.

In the beginning of February 2020, experts had envisioned two scenarios, if the new coronavirus is not contained. Dominant of

IF YOU THINK YOU ARE IN A DIFFICULT SITUATION, THEN ALWAYS THINK ABOUT THE CORONA WARRIORS OUT THERE FOR YOUR SAFETY.
Rx

the scenarios predicted is that we would go through a pandemic, as the current outbreak has become. Now, depending on what the virus does, it could quite possibly settle down into a respiratory illness that occurs seasonally. The new coronavirus is like a seasonal pathogen that causes pneumonia, as estimated by Michael Osterholm, infectious disease expert, University of Minnesota.

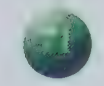

Preparedness and Response Framework for COVID-19 Pandemic
Hypothetical Number of COVID-19 Cases
CDC Intervals
Prepandemic Intervals
Pandemic Intervals
CDC
Outbreaks of respiratory illness, including pandemics caused by a new virus, typically follow a pattern and can be divided into intervals.
cdc/gov/coronavirus

Note: The peak of illnesses occurs at the end of the acceleration phase, which is followed by a deceleration phase, during which there is a decrease in illnesses.

The Brighter Side

"Even the darkest of clouds have silver linings."

The coronavirus crisis has caused tragedy and created huge worries for people around the world. Yet, more than ever, staying positive and looking for the good in what seems to be nothing but bad, is vital for getting through it all.



- **Less pollution-** With millions across the globe placed on Lockdown, factories closed, much less traffic on the roads and flights grounded, there have been significant falls in air contamination and the emission of planet-warming gases in some areas. The skies are looking more blue, the stars are becoming brighter. A large number of rare birds and animals, hitherto not seen for ages, are coming out of their hideouts and frolicking openly. The nature is regenerating and the planet has started breathing.
- **Peace and quiet-** The lack of traffic and the business shutdowns have also made the world a much less noisy place. You can hear the birds and insects singing much clearly.
- **Solidarity and community spirit-** A crisis can bring out the very best in humanity, and the coronavirus emergency is no exception. People in villages, towns and cities across the country are volunteering to help the elderly, the disabled and the vulnerable to ensure that they get their daily necessities and medication without having to go out and risk contagion.
- **Getting creative-** An awful lot of unexpected enforced time gives space to be creative and try something like writing poetry, getting down to penning that novel you had an idea for, composing a song or having a go at sketching.

A Different World

COVID-19 pandemic is likely to take quite some time before easing out on its morbid toll on human race. By the time we have a decisive win over it, a lot would have changed in the world—from the world order and economic dynamics to our social practices and our lifestyles.

In a study conducted by Politico Magazine in mid-March, more than 30 macro thinkers and eminent personalities were

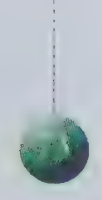
surveyed. Almost all estimates say that this is likely to be much bigger than it is at present.

This novel virus has kept Indians contained in their homes for weeks now. No one knows for sure what is coming, however, what is almost sure is that this pandemic is going to bring quite some change in the ways of our societies, government functioning, healthcare, the economy, our lifestyles and other aspects of our lives. Let us look at some of the changes envisaged by various thinkers, experts and visionaries in the coming months or years.

Being personal/intimate may become a taboo- We are learning that touching things, being with other people and breathing the air in an enclosed space can be risky in the backdrop of COVID-19 crisis. And we might be living under these restrictions for quite some time to come. As said by Deborah Tannen, "After the virus situation improves, how quickly that awareness recedes will be different for different people; however, it can never vanish completely for anyone who lived through this year. It could become second nature to recoil from shaking hands, hugging or kissing."

Loss of individualism, more introspection- The COVID-19 pandemic is going to cause immense pain and suffering. But, it is likely to force us to reconsider who we are and what we value, and, in the long run, it could help us rediscover the better version of ourselves. There is another school of thought from some thinkers which says that most people have very short-term memories and we will fall back to old selfish myopic individualistic ways within no time once the crisis gets over. Or maybe, we will get to see both kind of people.

Online/remote working will pick up- COVID-19 has swept away many of the perceived barriers to moving more of our lives



online. Not everything can become virtual, of course. But in most areas of our lives, uptake on genuinely useful online tools is picking up and it is going to stay. Now that most companies are sorting out their remote work dance steps, it will be harder—and more expensive—to deny employees those options. As predicted by Katherine Mangu-Ward, "An awful lot of meetings (and classes) are changing into video conferences/zoom classes, and in future, they will be."

A paradigm shift- The pandemic has proven that irrespective of the economic, geopolitical, or military status of a nation, the preparedness level of handling such crisis in conjunction with the healthcare support facilities have been found grossly inadequate. Will this change the political and industry focus on healthcare in respect of aiming for better infrastructure, training and R&D? Will the countries and their political leadership quit their meaningless race on capitalistic prowess, consumerism, and one-upmanship using economic leverage as well as military prowess to include WMDs like Nuclear weapons, chemical and biological weapons, and refocus their energies on the betterment of human race and the planet on a whole? Everyone including them will say yes, feeling dwarfed in the prevailing crisis. But then, as earlier discussed, humans are a strange species and whether this crisis is enough for them to learn the required lessons as a race, is to be seen in coming times.

Chapter 5

FREQUENTLY ASKED QUESTIONS (FAQs)

QUESTION: I am a woman aged 45 and I live in a high-rise residential complex in Gurugram. How likely am I to catch COVID-19?

ANSWER: The risk depends on where you are - and more specifically, whether there is a COVID-19 outbreak unfolding there.

For most people in most locations the risk of catching COVID-19 is still low. However, there are now places around the world (cities or areas) where the disease is spreading. For people living in, or visiting, these areas the risk of catching COVID-19 is higher. Governments and health authorities are taking vigorous action every time a new case of COVID-19 is identified. Be sure to comply with any local restrictions on travel, movement or large gatherings. Cooperating with disease control efforts will reduce your risk of catching or spreading COVID-19.

QUESTION: I am a woman aged 53. Recently, I was on a 15 days course of antibiotics for some stomach infection. Does that make me resistant to coronavirus? Are antibiotics effective in preventing or treating the COVID-19?

ANSWER: No. It does not make you resistant to coronavirus. Antibiotics do not work against viruses, they only work on bacterial infections. COVID-19 is caused by a virus, so antibiotics do not work. Antibiotics should not be used as a means of prevention or treatment of COVID-19. They should only be used as directed by a physician to treat a bacterial infection.

QUESTION: Due to the Lockdown, we need to order grocery online. But the supplying store may be located in area with confirmed COVID-19 cases. Is it safe to receive a package from any area where COVID-19 has been reported?

ANSWER: Yes. The likelihood of an infected person contaminating commercial goods is low and the risk of catching the virus that causes COVID-19 from a package that has been moved, travelled, and exposed to different conditions and temperature is also low.

QUESTION: I am scared to go out of my house even for essential things. What if I catch the coronavirus from inhaling the infected air? Is COVID-19 airborne?

ANSWER: The virus that causes COVID-19 is mainly transmitted through droplets generated when an infected person coughs, sneezes, or speaks. These droplets are too heavy to hang in the air. They quickly fall on floors or surfaces.

You can be infected by breathing in the virus if you are within 1 metre of a person who has COVID-19, or by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands.

QUESTION: My husband is a habitual smoker. Are smokers and tobacco users at higher risk of COVID-19 infection?

ANSWER: Smokers are likely to be more vulnerable to COVID-19 as the act of smoking means that fingers (and possibly contaminated

cigarettes) are in contact with lips which increases the possibility of transmission of virus from hand to mouth. Smokers may also already have lung disease or reduced lung capacity which would greatly increase risk of serious illness.

QUESTION: We have a dog as a pet in my family and my children are very close to him. Can anyone catch COVID-19 from our pet?

ANSWER: While there has been one instance of a dog being infected in Hong Kong, to date, there is no evidence that a dog, cat or any pet can transmit COVID-19. It is mainly spread through droplets produced when an infected person coughs, sneezes, or speaks. To protect yourself, clean your hands frequently and thoroughly.

QUESTION: I am newly married and we do not want to have a child for the time being. Is contraception/ family planning safe to use during the COVID-19 pandemic?

ANSWER: Yes. All modern methods of contraception are safe to use, including during the COVID-19 pandemic.

If you have had a baby in the last six months or have a health condition, such as diabetes, high blood pressure, or breast cancer – or if you smoke – seek advice from a healthcare professional to ensure you are using a method of contraception which is suitable and safe for you.

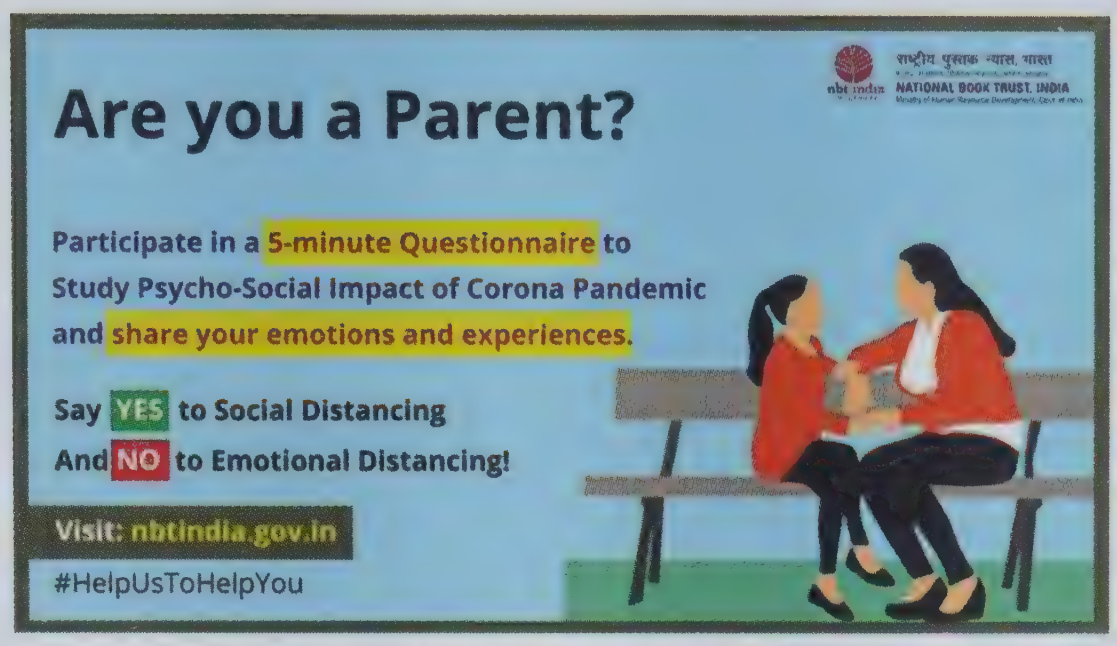
QUESTION: I am a woman aged 27 and pregnant by 5 months. Are pregnant women at higher risk from COVID-19?

ANSWER: Research is currently underway to understand the impacts of COVID-19 infection on pregnant women. Data are limited, but

at present there is no evidence that they are at higher risk of severe illness than the general population.

However, due to changes in their bodies and immune systems, we know that pregnant women can be badly affected by some respiratory infections. It is, therefore, important that they take precautions to protect themselves against COVID-19, and report possible symptoms (including fever, cough or difficulty breathing) to their healthcare provider.

The Format of the Online Questionnaire


Are you a Parent?
राष्ट्रीय पुस्तक न्यास, भारत
NATIONAL BOOK TRUST, INDIA
Participate in a 5-minute Questionnaire to
Study Psycho-Social Impact of Corona Pandemic
and share your emotions and experiences.
Say YES to Social Distancing
And NO to Emotional Distancing!
Visit: nbtindia.gov.in
#HelpUsToHelpYou

Social Media Campaign of NBT to Promote the Survey during Lockdown

Study on Psycho-Social Impact of Corona Pandemic: Parents, Mothers & Women

Purpose: To understand the Psychosocial Impact of Pandemic Covid-19 on Parents, Mothers & Women.
Permission: This is not a compulsory survey. You may answer the questions only if you feel comfortable and inclined to help us in the survey.
Confidentiality: Your answers will not be used against you in any form. Your name and any information given by you will be kept confidential.
If you feel comfortable, please fill any or all the details below.

Name:

Your answer

Gender:

Your answer

Age:

Your answer

Family Size:

Your answer

Annual Income:

Your answer

Family Annual Income:

Your answer

No. of Children & ages:

Your answer

No. of Elderly & Ages:

Your answer

Any pregnant woman in the family || Age || Due Date || Medical Issues:

Your answer

Members with physical / mental medical conditions || Age || Ailment:

Your answer

Address:

Your answer

Location during Lockdown:

Your answer

Email ID:

Your answer

Contact No. :

Your answer

When did you first hear about COVID-19? *

- ○ Dec 2019 or earlier
- ○ Jan 2020
- ○ Feb 2020
- ○ Mar 2020

How did you learn about COVID-19 the first time? *

- [ ] Newspaper
- [ ] News Channels on TV
- [ ] Internet
- [ ] Friends/relatives/colleagues

What is the level of knowledge about COVID-19 available to you so far? *

- ◯ Adequate
- ◯ Most of it is creating confusion
- ◯ Information overload; not sure what to believe
- ◯ Insufficient
- ◯ Disturbing and scary

Are all your children & family members with you? If someone's away, please mention. *

- [ ] All are with me.
- [ ] Not all are with me. Son is away to another city/country due to studies/work.
- [ ] Not all are with me. Daughter is away to another city/country due to studies/work.
- [ ] Not all are with me. Spouse is away to another city/country due to studies/work.
- [ ] Not all are with me. Parent is away to another city/country due to studies/work.
- [ ] I am alone, away from my family.

Is this lockdown affecting any major family event, like - wedding/engagement, family holidays etc? If yes then what event and how is it making you feel? *

Your answer

Are you and your spouse in sync and agreement on the methods of handling your children and household in the present situation? *

- ◯ Yes
- ◯ Somewhat
- ◯ Not at all

How much time do you spend with the screens/gadgets(TV, computer, phones, tabs etc)? How much of it is shared with other family members? Please describe the Total hours, Individual hours and Shared hours. *

Your answer

Do you have enough space in your house to have privacy, when needed, for yourself and other family members? *

- ◯ No
- ◯ Sufficient space
- ◯ Barely enough

What is your support system to deal with your moments to anxiety and stress? List out your methods. *

Your answer

Are you getting enough time for yourself under this lockdown situation? *

- ◯ Yes
- ◯ No
- ◯ Somewhat

If the domestic help is not available due to the lockdown, do you feel overwhelmed with the household work? *

- ◯ No, as we have a live-in domestic help
- ◯ No, as there isn't so much extra work
- ◯ No, as the other family members share the load
- ◯ Yes, somewhat

How do you make your family members share the responsibility of household work? *

- ◯ Everyone shares the load at their own
- ◯ Some of them help in some things
- ◯ I coax/request/trick some of them to help
- ◯ I try but none of them listens
- ◯ I don't need any help

What are the main challenges you are facing in the present situation? *

Your answer

What are the positive and constructive things you are indulging in to deal with the present situation? *

Your answer

If you are a single parent, what are your concerns, challenges and feelings related to the present situation of the lockdown? *

Your answer

Glossary

Pandemic: is a worldwide spread of a disease. This is a higher order of magnitude than an epidemic. In other words, an 'outbreak' is the occurrence of disease cases in excess of what is normally expected. An 'epidemic' is more than a normal number of cases of an illness, specific health-related behaviour or other health-related events in a community or region; and a 'pandemic' is basically a *global* epidemic. Until now, the last pandemic was the H1N1 outbreak in 2009. But on 11 March 2020, the WHO declared the novel coronavirus a pandemic.

Symptomatic: Being symptomatic simply means someone is showing symptoms of a particular illness or a disease. For COVID-19, that would include things like fever, cough or shortness of breath.

Social Distancing: A way of preventing the spread of contagious illnesses, as suggested by the World Health Organization. 'Social distancing' does not mean staying inside. It means keeping a generous amount of personal space—about three feet—in between yourself and anyone who is coughing or sneezing. This will prevent you from inhaling the majority of the droplets expelled by coughing or sneezing, which can carry the virus.

Quarantine: Separating and restricting the movement of people who were exposed to a contagious disease to see if they become sick. It is also done to people who are suspected to have been exposed to a disease and do not know it; as they may have got the disease but do not show symptoms.

Isolation: Separating sick people with a contagious disease from people who are not sick, like in an isolation ward/cabin in a hospital/healthcare facility. It is done to people who have got the infection, and/or showing the symptoms.

Home Quarantine: means that a person is confined to a well-ventilated single-room, preferably with an attached/separate toilet, in his or her own home. If another family member needs to stay in the same room, the two need to maintain a distance of at least 1 metre between each other and refrain from touching things touched by the affected person. It is done to people who are suspected to have been exposed to a disease and/or as they may have got the disease but do not show symptoms.

Janata Curfew: Janata Curfew means curfew for the people, by the people, imposed by the people upon themselves. Prime Minister had urged the people of India, to follow the janata curfew on 22 March, 2020. On this day, from 7 AM to 9 PM, people were not supposed to go out of their houses.

Lockdown: A Lockdown is an emergency protocol to prevent people or information from escaping, which usually can only be ordered by someone in command. Lockdowns are also used to protect people inside a facility, area, city, or even a country from a dangerous external events, like - riots, terrorist action, or an epidemic. Under a Lockdown, all non-essential services, offices, shops and facilities are closed down; and all non-essential movement of people gets restricted.

The Government of India announced a nationwide Lockdown for 21 days from 24 March to 14 April 2020, to ensure social distancing as a preventive measure against 2020 coronavirus pandemic in India. The Lockdown was further extended from 15 April to 3 May 2020 with some relaxation on economic activities from 20 April 2020. The Ministry of Home Affairs has also issued guidelines for the essential services that will continue to function during the Lockdown.

Curfew: A legal order under which everyone in a specified area, zone or city must stay at home between particular times. This is usually promulgated by the law enforcing authorities during a war, riots, political trouble or epidemics and pandemics to maintain law and order. Breaking curfew without permission is a legal offence and the violators are liable to be arrested/tried by law.

ANNEXURE

National Lockdown Guidelines

Government of India
NATIONAL DISASTER MANAGEMENT AUTHORITY
Policy & Plan Division
NDMA Bhawan, A-1, Safdarjung Enclave
New Delhi -110 029

No. 1-29/2020-PP (Pt II) Dated 24th March, 2020

ORDER

Whereas, the National Disaster Management Authority is satisfied that the country is threatened by the spread of COVID-19, which has been declared as a pandemic by the World Health Organisation, and that it is necessary to take effective measures to prevent its spread across the country and for mitigation of the threatening disaster situation.

And whereas, experts, keeping in view the global experiences of countries which have been successful in containing the spread of COVID-19 unlike some others where thousands of people died, have recommended that effective measures for social distancing should be taken to contain the spread of this pandemic.

And whereas, there is a need for consistency in the application and implementation of various measures across the country while ensuring maintenance of essential services and supplies, including health infrastructure;

Now, therefore in exercise of the powers under section 6(2)(i) of the Disaster Management Act, 2005, the National Disaster Management Authority has decided to direct Ministries/ Departments of Government of India, State Governments and State Authorities to take measures for ensuring social distancing so as to prevent the spread of COVID-19 in the country. Necessary guidelines in this regard shall be issued immediately under section 10(2)(l) of the Disaster Management Act, 2005 by the National Executive Committee. These measures shall be in force for a period of twenty one days w. e. f. 25th March, 2020.

24/3/2020

Member Secretary, NDMA

To

Union Home Secretary,
North Block, New Delhi-110001

No.40-3/2020-DM-I (A)
Government of India
Ministry of Home Affairs
****

Consolidated Guidelines on the measures to be taken by Ministries/ Departments of Government of India, State/Union Territory Governments and State/ Union Territory Authorities for containment of COVID-19 Epidemic in the Country, as notified by Ministry of Home Affairs Order No. 40-3/2020-DM-I(A) dated 24.03.2020 and further modified on 25.03.2020, 27.03.2020, 02.04.2020, 03.04.2020 and 10.04.2020.

1. Offices of the Government of India, its Autonomous/ Subordinate Offices and Public Corporations shall remain closed.
   Exceptions:

   a. Defence, central armed police forces.
   b. Treasury (including, Pay & Accounts Offices, Financial Advisers and field offices of the Controller General of Accounts, **with bare minimum staff**),
   c. Public utilities (including petroleum, CNG, LPG, PNG), power generation and transmission units, post offices.
   d. Disaster management and Early Warning Agencies
   e. National Informatics Centre.
   f. Customs clearance at ports/airports/land border, GSTN; and MCA 21 Registry **with bare minimum staff.**
   g. Reserve Bank of India and RBI regulated financial markets and entities like NPCI, CCIL, payment system operators and standalone primary dealers **with bare minimum staff**.

2. Offices of the State/ Union Territory Governments, their Autonomous Bodies, Corporations, etc. shall remain closed.
   Exceptions:
   a. Police, home guards, civil defence, fire and emergency services, disaster management, and prisons.
   b. District administration and Treasury (including field offices of the Accountant General **with bare minimum staff**)
   c. Electricity, water, sanitation.
   d. Municipal bodies- Only staff required for essential services like sanitation, personnel related to water supply etc.
   e. Resident Commissioner of States, in New Delhi ***with bare minimum staff***, for coordinating Covid-19 related activities and internal kitchens operations.

f. Forest offices :Staff/ workers required to operate and maintain zoo, nurseries, wildlife, firefighting in forests, watering plantations, patrolling and their necessary transport movement.
g. Social Welfare Department, ***with bare minimum staff***, for operations of Homes for children/ disables/ senior citizens/ destitute/ women /widows; Observation homes; pensions.
h. Agencies engaged in procurement of agriculture products, including MSP operations.
i. 'Mandis' operated by the Agriculture Produce Market Committee or as notified by the State Government.

The above offices (Sl. No 1 & 2) should work with minimum number of employees. All other offices may continue to work-from-home only.

3. Hospitals, Veterinary Hospitals and all related medical establishments, including their manufacturing and distribution units, both in public and private sector, such as dispensaries, chemist, Pharmacies (including Jan Aushadhi Kendra) and medical equipment shops, laboratories, Pharmaceutical research labs, clinics, nursing homes, ambulance etc. will continue to remain functional. The transportation for all medical personnel, nurses, para-medical staff, other hospital support services be permitted.

4. Commercial and private establishments shall be closed down.
Exceptions:
   a. Shops, including ration shops (under PDS), dealing with food, groceries, fruits and vegetables, dairy and milk booths, meat and fish, animal fodder, fertilizers, seeds and pesticides. However, district authorities may encourage and facilitate home delivery to minimize the movement of individuals outside their homes.
   b. Banks, insurance offices, and ATMs including IT vendors for banking operations; Banking Correspondent and ATM operation and cash management agencies.
   c. Print and electronic media.
   d. Telecommunications, internet services, broadcasting and cable services. IT and IT enabled Services only (for essential services) and as far as possible to work from home.
   e. Delivery of all essential goods including food, pharmaceuticals, medical equipment through E-commerce.
   f. Petrol pumps, LPG, Petroleum and gas retail and storage outlets.
   g. Power generation, transmission and distribution units and services.
   h. Capital and debt market services as notified by the Securities and Exchange Board of India.
   i. Cold storage and warehousing services.

j. Private security services.
k. Data and call centers ***for Government activities only***.
l. Farming operations by farmers and farm workers in the field.
m. 'Custom Hiring Centres (CHC)' related to farm machinery.
n. Shops of agriculture machinery, its spare parts (including its supply chain) and repairs to remain open.
o. Shops for truck repairs on highways, preferably at fuel pumps.
p. Operations of the fishing (**marine**)/aquaculture industry, including feeding & maintenance; hatcheries, feed plants, commercial aquaria, movement of fish/shrimp and fish products, fish seed/feed and workers for all these activities.

All other establishments may work-from-home only.

5. Industrial Establishments will remain closed.
   Exceptions:
   a. Manufacturing units of essential goods, including drugs, pharmaceutical, medical devices, their raw materials & intermediates.
   b. Production units, which require continuous process, after obtaining required permission from the State Government.
   c. Coal and mineral production, transportation, supply of explosives and activities incidental to mining operations.
   d. Manufacturing units of packaging material for food items, drugs, pharmaceutical and medical devices.
   e. Manufacturing and packaging units of Fertilizers, Pesticides and Seeds.
   f. Tea industry, including plantation with maximum of 50% workers.

6. All transport services – air, rail, roadways – will remain suspended.
   Exceptions:
   a. Transportation for essential goods only.
   b. Fire, law and order and emergency services.
   c. Operations of Railways, Airports and Seaports for cargo movement, relief and evacuation and their related operational organisations.
   d. Inter-state movement of goods/ cargo for inland and exports.
   e. Cross land border movement of essential goods including petroleum products and LPG, food products, medical supplies.
   f. Intra and inter-state movement of harvesting and sowing related machines like combined harvester and other agriculture/horticulture implements.
   g. Transit arrangements for foreign national(s) in India. **(as per attached SOP)**

7. Hospitality Services to remain suspended
   Exceptions:

a. Hotels, home stays, lodges and motels, which are accommodating tourists and persons stranded due to lockdown, medical and emergency staff, air and sea crew.
b. Establishments used/ earmarked for quarantine facilities.

8. All educational, training, research, coaching institutions etc. shall remain closed.

9. All places of worship shall be closed for public. No religious congregations will be permitted, without any exception.

10. All social/ political/ sports/ entertainment/ academic/ cultural/ religious functions / gatherings shall be barred.

11. In case of funerals, congregation of not more than twenty persons will be permitted.

12. All persons who have arrived into India after 15.02.2020, and all such persons who have been directed by health care personnel to remain under strict home/ institutional quarantine for a period as decided by local Health Authorities, failing which they will be liable to legal action under Sec. 188 of the IPC.

Exceptions:
a. Release of quarantined persons, who have arrived in India after 15.2.2020, after expiry of their quarantine period and being tested Covid-19 negative **(as per attached SOP).**

13. Wherever exceptions to above containment measures have been allowed, the organisations/employers must ensure necessary precautions against COVID-19 virus, as well as social distance measures, as advised by the Health Department from time to time.

14. In order to implement these containment measures, the District Magistrate will deploy Executive Magistrates as Incident Commanders in the respective local jurisdictions. The Incident Commander will be responsible for the overall implementation of these measures in their respective jurisdictions. All other line department officials in the specified area will work under the directions of such incident commander. The Incident Commander will issue passes for enabling essential movements as explained.

15. All enforcing authorities to note that these strict restrictions fundamentally relate to movement of people, but not to that of essential goods.

16. The Incident Commanders will in particular ensure that all efforts for mobilization of resources, workers and material for augmentation and expansion of hospital infrastructure shall continue without any hindrance.

17. Any person violating these containment measures will be liable to be proceeded against as per the provisions of Section 51 to 60 of the Disaster Management Act, 2005, besides legal action under Sec. 188 of the IPC.

Note: As specified in the lockdown measures, social distancing and proper hygiene practices must be ensured in each of the above activities. It will be the responsibility of the head of the organisation/establishment to ensure compliance of such norms. The district authorities will ensure strict enforcement.

***

STANDARD OPERATING PROCEDURE (SOP) FOR TRANSIT ARRANGEMENTS FOR FOREIGN NATIONALS STRANDED IN INDIA

Sub-Clause (g) in exception to clause 6

It has been brought to the notice of this Ministry that a number of foreign nationals are stranded in different parts of the country, due to the lockdown measures. Some foreign countries have approached Government of India for evacuation of their nationals to their countries.

2. In view of the above, it has now been decided that requests received from foreign governments, for evacuation of their nationals from India, would be examined by the Ministry of External Affairs (MEA), Government of India on case to case basis. In cases where such requests are endorsed by MEA, the following protocol would be observed:

i) The chartered flight would be arranged by the concerned foreign government in consultation with the Ministry of Civil Aviation, Government of India.

ii) Prior to departure, the foreign national(s) would be screened for COVID-19 symptoms as per the standard health protocol. Only those foreign national(s) would be allowed to leave, who are asymptomatic for COVID-19. In case of symptomatic person(s), the future course of treatment would be followed, as per the standard health protocol.

iii) The local transportation arrangements from the place of stay of the foreign national(s) to the point of embarkation would be arranged by the local Embassy/Consulate of the respective foreign government.

iv) The transit pass for movement of the vehicle deployed for movement of the foreign national(s) would be issued by the Government of the State/Union Territory where the foreign national(s) is/are staying.

v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.

***

STANDARD OPERATING PROCEDURE FOR RELEASE OF QUARANTINED PERSONS, AFTER EXPIRY OF QUARANTINE PERIOD AND TESTED COVID-19 NEGATIVE

Sub-Clause (A) in exception to clause 12

With a view to preventing spread of COVID-19 and as a measure of abundant precaution, persons returning from foreign locations after 15.2.2020 had been quarantined in government/government-arranged facilities. In respect of these persons, the following protocol would be observed after completion of the specified mandatory quarantine period:

i) Person(s) testing negative for COVID-19, and as per standard health protocol, would be released from the said quarantine facility(ies). However, this will not apply to a group, where even one person tests positive for COVID-19.

ii) These persons are expected to return to their homes, or to the homes of their families/relatives/friends or to other places of shelter like hotels, etc., by making their own transport arrangements.

iii) The transit pass for movement of vehicle(s), being used by such person(s), would be issued by the Government of the State/Union Territory where they have been quarantined.

iv) The transit pass will be issued for fixed route and with specified validity and such person(s) shall follow the same.

v) The transit pass, as issued above, would be honoured/ allowed by the authorities of the State/Union Territories along the transit route.

vi) As a measure of abundant caution, upon returning to their destination such persons would home quarantine themselves for a further period of 14 days as per standard protocol on the matter.

vii) Details of person(s) released from quarantine, along with their destination, will be shared with the concerned State/UT Government for necessary follow up.

***

OFFENCES AND PENALTIES FOR VIOLATION OF LOCKDOWN MEASURE

A. SECTION 51 TO 60 OF THE DISASTER MANAGEMENT ACT, 2005

51. Punishment for obstruction, etc.—Whoever, without reasonable cause —

(a) obstructs any officer or employee of the Central Government or the State Government, or a person authorised by the National Authority or State Authority or District Authority in the discharge of his functions under this Act; or

(b) refuses to comply with any direction given by or on behalf of the Central Government or the State Government or the National Executive Committee or the State Executive Committee or the District Authority under this Act,

shall on conviction be punishable with imprisonment for a term which may extend to one year or with fine, or with both, and if such obstruction or refusal to comply with directions results in loss of lives or imminent danger thereof, shall on conviction be punishable with imprisonment for a term which may extend to two years.

52. Punishment for false claim.—Whoever knowingly makes a claim which he knows or has reason to believe to be false for obtaining any relief, assistance, repair, reconstruction or other benefits consequent to disaster from any officer of the Central Government, the State Government, the National Authority, the State Authority or the District Authority, shall, on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

53. Punishment for misappropriation of money or materials, etc.—Whoever, being entrusted with any money or materials, or otherwise being, in custody of, or dominion over, any money or goods, meant for providing relief in any threatening disaster situation or disaster, misappropriates or appropriates for his own use or disposes of such money or materials or any part thereof or wilfully compels any other person so to do, shall on conviction be punishable with imprisonment for a term which may extend to two years, and also with fine.

54. Punishment for false warning.—Whoever makes or circulates a false alarm or warning as to disaster or its severity or magnitude, leading to panic, shall on conviction, be punishable with imprisonment which may extend to one year or with fine.

55. Offences by Departments of the Government.—(1) Where an offence under this Act has been committed by any Department of the Government, the head of the Department shall be deemed to be guilty of the offence and shall be liable to be proceeded against and punished accordingly unless he proves that

the offence was committed without his knowledge or that he exercised all due diligence to prevent the commission of such offence.

(2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a Department of the Government and it is proved that the offence has been committed with the consent or connivance of, or is attributable to any neglect on the part of, any officer, other than the head of the Department, such officer shall be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

56. Failure of officer in duty or his connivance at the contravention of the provisions of this Act.—Any officer, on whom any duty has been imposed by or under this Act and who ceases or refuses to perform or withdraws himself from the duties of his office shall, unless he has obtained the express written permission of his official superior or has other lawful excuse for so doing, be punishable with imprisonment for a term which may extend to one year or with fine.

57. Penalty for contravention of any order regarding requisitioning.—If any person contravenes any order made under section 65, he shall be punishable with imprisonment for a term which may extend to one year or with fine or with both.

58. Offence by companies.—(1) Where an offence under this Act has been committed by a company or body corporate, every person who at the time the offence was committed, was in charge of, and was responsible to, the company, for the conduct of the business of the company, as well as the company, 25 shall be deemed to be guilty of the contravention and shall be liable to be proceeded against and punished accordingly: Provided that nothing in this sub-section shall render any such person liable to any punishment provided in this Act, if he proves that the offence was committed without his knowledge or that he exercised due diligence to prevent the commission of such offence. (2) Notwithstanding anything contained in sub-section (1), where an offence under this Act has been committed by a company, and it is proved that the offence was committed with the consent or connivance of or is attributable to any neglect on the part of any director, manager, secretary or other officer of the company, such director, manager, secretary or other officer shall also, be deemed to be guilty of that offence and shall be liable to be proceeded against and punished accordingly.

Explanation.—For the purpose of this section— (a) "company" means any body corporate and includes a firm or other association of individuals; and (b) "director", in relation to a firm, means a partner in the firm.

59. Previous sanction for prosecution.—No prosecution for offences punishable under sections 55 and 56 shall be instituted except with the previous sanction of the Central Government or the State Government, as the case may be, or of any officer authorised in this behalf, by general or special order, by such Government.

60. Cognizance of offences.—No court shall take cognizance of an offence under this Act except on a complaint made by— (a) the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised in this behalf by that Authority or Government, as the case may be; or (b) any person who has given notice of not less than thirty days in the manner prescribed, of the alleged offence and his intention to make a complaint to the National Authority, the State Authority, the Central Government, the State Government, the District Authority or any other authority or officer authorised as aforesaid.

Section 188 in The Indian Penal Code

188. Disobedience to order duly promulgated by public servant.—Whoever, knowing that, by an order promulgated by a public servant lawfully empowered to promulgate such order, he is directed to abstain from a certain act, or to take certain order with certain property in his possession or under his management, disobeys such direction, shall, if such disobedience causes or tends to cause obstruction, annoyance or injury, or risk of obstruction, annoyance or injury, to any person lawfully employed, be punished with simple imprisonment for a term which may extend to one month or with fine which may extend to two hundred rupees, or with both; and if such disobedience causes or trends to cause danger to human life, health or safety, or causes or tends to cause a riot or affray, shall be punished with imprisonment of either description for a term which may extend to six months, or with fine which may extend to one thousand rupees, or with both.

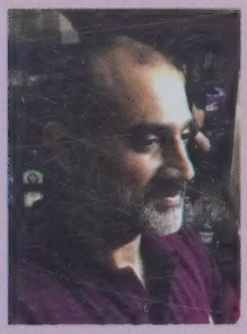
Explanation.—It is not necessary that the offender should intend to produce harm, or contemplate his disobedience as likely to produce harm. It is sufficient that he knows of the order which he disobeys, and that his disobedience produces, or is likely to produce, harm.

Illustration
An order is promulgated by a public servant lawfully empowered to promulgate such order, directing that a religious procession shall not pass down a certain street. A knowingly disobeys the order, and thereby causes danger of riot. A has committed the offence defined in this section.

Sources and References

1. Minnesota Department of Health website- https://www.health.state.mn.us/diseases/coronavirus/basics.html
2. The Pandemic Notebook published by The Hindu
3. Coronavirus Resource Centre of John Hopkins University & Medicine
4. World Health Organization (WHO) website
5. *'Domestic violence, abuse complaints rise in coronavirus Lockdown': NCW,* Indian Express, 03 April, 2020.
6. *'Domestic violence cases have increased during Lockdown': NCW,* National Herald, 02 April, 2020.
7. *'Coronavirus: NCW says domestic violence cases on rise since Lockdown':* Business Today, 02 April, 2020.
8. *'COVID-19 Lockdown | Rise in domestic violence, police apathy': NCW,* The Hindu, 02 April, 2020.
9. *'32% jump in domestic violence during Lockdown forces France to act':* Free Malaysia Today, 31 March, 2020.
10. Centers for Disease Control & Prevention website- https://www.cdc.gov/
11. *'Experts envision two scenarios if the new coronavirus isn't contained':* Stat News, 04 Feb, 2020.
12. *'Even the darkest of clouds have silver linings: the positive effects of the coronavirus crisis' :* Euro Weekly News, 20 March, 2020.

13. *Coronavirus Will Change the World Permanently. Here's How.':* Politico Magazine, 19 March, 2020.
14. Deborah Tannen is a professor of linguistics at Georgetown and author of *"You're the Only One I Can Tell: Inside the Language of Women's Friendships"*.
15. Katherine Mangu-Ward is the editor-in-chief of *Reason* magazine.



Tarun Uppal

Sonie Sidhu

> Does your husband cooperate in managing the household in the present situation?
>
> She didn't reply for a few moments; then whispered in a choked voice - 'I am stuck bad. I don't know what to do.

The present book, which is first-of-its kind study of the psychosocial impact of the Pandemic and the Lockdown on Women, Mothers and Parents, focuses on various new family dynamics that seem to have come right into the forefront now. Written by the eminent Psychologists and Family Counsellors, Lt. Col. Tarun Uppal and Ms Sonie Sidhu, the Lead Researchers of this segment, as part of the Study Group constituted by the National Book Trust, India for its recently launched Corona Studies Series, the book, based on actual case studies, personal interviews, and responses to an online survey conducted during the Lockdown, not only provides insights on the psychosocial impact of the pandemic, but also offers practical tips for women, mothers and parents to cope up with the paradigm shift in their lifestyle as well as change in the emotional and mental health due to increased family responsibilities and resultant complexities brought about by it.

Enlivened with some colourful illustrations, it is likely to be of immense value to all the parents, especially women and mothers, not only working but also the homemakers, to the single mothers and women living in nuclear as well as joint families, psychologists and counsellors, besides being useful for the teachers, students, and researchers of the COVID-19 Pandemic in the genres of psychology, sociology, health economics etc.

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